

L19000156558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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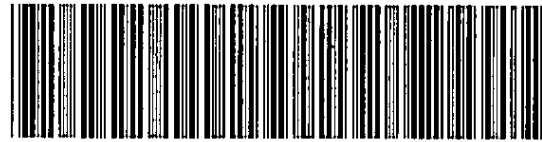
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KMESH LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 119000156558

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KENNETH ROTH
Name of Person

KMESH LLC
Name of Firm/Company

7 HUNTER AVENUE
Address

NEWPORT, RI 02840
City/State and Zip Code

gemquartz@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Burgos CPA 954 830-4239
Name of Person at () Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CARLOS BURGOS, CPA

_____, hereby resigns as
Name of Registered Agent

Registered Agent for KMESH LLC

Name of Limited Liability Company

L19000156558

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Carla Burgos
Signature of Resigning Agent

If signing on behalf of an entity:

CARLOS BURGOS, CPA

Typed or Printed Name

OWNER

Capacity

FILED
2021 APR 29 PM 11:03
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314