A180000000407

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SECRETARY OF STATE

COVER LETTER

TO: Amer	ndment Section	_
Divis	ion of Corporations	
SUBJECT:	Kaiser Capital Investments and Hol	-
·	Name of Limited Partners	hip or Limited Liability Limited Partnership
DOCUMEN	T NUMBER: A18000000407	
The enclosed	Resignation of Registered Ag	gent and fee(s) are submitted for filing.
Please return	all correspondence concerning	g this matter to:
Sarah Balen		
	Contact Person	
MyCompanyW	orks, Inc.	
-	Firm/Company	
187 E. Warm S	prings Rd., Ste. B	
-	Address	
Las Vegas, NV	89119	
	City, State and Zip Code	
orders@mycon	npanyworks.com	
E-mail add	lress: (to be used for future annual r	eport notification)
For further in	formation concerning this ma	tter, please call:
Sarah Balen		at (702) 362-2677
Name of C	Contact Person	Area Code and Daytime Telephone Number
Enclosed is a	check made payable to the Flo	orida Department of State for:
= \$87.50 Fil	ing Fee ☐ \$140.00 (\$	87.50 Filing Fee and \$52.50 Certified Copy Fee)
Mailing Add Amendment S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

	2021 OC1 ~4 PM	
Pursuant to the provi	isions of section 620.1116, Florida Statutes, the understand TARY OF	OTAT
MyCompanyWorks, Ir	nc. TALLAMASSE , hereby resigns as	STATE ELFL
	Name of Registered Agent	
Registered Agent for		
	Name of Limited Partnership or Limited Liability Limited Partnership	
A18000000407		
Florida Documen	t Number, if known	
the Florida Departm	ated on the 31st day after the date on which this statement is filed benent of State. Mar Z	У
	Signature of Registered Agent	
If signing on behalf	of an entity:	
1	Matthew Knee	
	Typed or Printed Name	
F	President	
_	Capacity	

Filing Fee: \$87.50 Certified Copy (optional): \$52.50