800273799918
06/17/1501018016 **275.00
2015 JUR 17 AM DI LL ALLAHASSET FLERING

,

İ

1

## COVER LETTER

## T0: Registration Section Division of Corporations

SUBJECT: <u>KOUCTONE BINKS, LLC</u> Name of Limited Liability Company

DOCUMENT NUMBER:\_

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

10000030184

Please return all correspondence concerning this matter to the following:

Jay Koenigsberg

Name of Person

Isicoff, Ragatz & Koenigsberg

Name of Firm/Company

Suite 1900, 1200 Brickell Ave.

Address

Miami, FL 33131

City/State and Zip Code

softness@irlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Michele Softness
 at (305)
 373-3232

 Name of Person
 Area Code
 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

•

· · ·

Pursuant to the provisions of	section 605.0115, Florida Statutes, the undersigned, , hereby resigns as e of Registered Agent KOYSTONE BINKS, LUC
Jay Koenigsberg	
	e of Registered Agent , hereby resigns as
Registered Agent for	Keystone BINKSILLC
	Name of Limited Liability Company
LO (QOO) Document Number,	DO 36184
A copy of this resignation wa	s mailed to the above listed limited liability company at its last known address.
The agency is terminated and	the office discontinued on the 3 list day after the date on which this statement is filed.
	Typed or Printed Name
	Capacity
•	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company
M	ake checks payable to Florida Department of State and mail to: Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314