

L 06000087025

Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : A1A REGISTERED AGENT INC.
Account Number : I20090000032
Phone : (866) 703-8828
Fax Number : (561) 202-8082

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REGISTERED AGENT RESIGNATION

K,B, BEST QUALITY INSTALATIONS LLC

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RA Resign.

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**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

A1A REGISTERED AGENT INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for

K.B. BEST QUALITY INSTALATIONS LLC

Name of Limited Liability Company

L06000087025

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.



Signature of Resigning Agent

If signing on behalf of an entity:

TINA MAKI

Typed or Printed Name

PRESIDENT

Capacity

SECRETARY OF STATE
TALLAHASSEE, FL 32314

09 NOV - 2 PM 3:38

FILED

FILING FEES:

\$ 85.00

Active limited liability company

\$ 25.00

Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability companyMake checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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