

L080000060274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400358071284

01/19/21--01011--020 **25.00

FEB 26 2021

S. YOUNG

2021 JAN 19 PM 6:25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KC TALON BAY LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000060274

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:

RESIGNATION DEPARTMENT

Name of Person

Corporation Service Company

Name of Firm/Company

251 Little Falls Drive

Address

Wilmington DE 19808

City/State and Zip Code

ANNUALREPORTS@CSCGLOBAL.COM

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

For further information concerning this matter, please call:

RESIGNATION DEPT at **(800)** **927-9801**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Corporation Service Company, hereby resigns as
Name of Registered Agent

Registered Agent for KC TALON BAY LLC

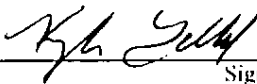
Name of Limited Liability Company

L08000060274

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.
Corporation Service Company


Signature of Resigning Agent

If signing on behalf of an entity:

BY Kyle Todd
Typed or Printed Name
Asst Secretary
Capacity

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

2021 JAN 19 PM 6:25