

L09000013019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign
Theris
3-25-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KNL Engineering
Name of Limited Liability Company

DOCUMENT NUMBER: L09000013019-01

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:

Ken Lange
Name of Person

KNL Engineering
Name of Firm/Company

12066 98th Ave.N.
Address

Seminole/Florida33772
City/State and Zip Code

ken-mary123@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ken Lange at (727) 398-4754
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Ken Lange
3/19/2010

**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,

Corporation Service Company, hereby resigns as
Name of Registered Agent

Registered Agent for KNL Engineering, LLC

Name of Limited Liability Company

L09000013019-01
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.

Tracy Harmon, D.V.P.
Signature of Resigning Agent

If signing on behalf of an entity:

Tracy Harmon
Typed or Printed Name
Assistant Vice President
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withdrawn limited liability company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

INHS17 (08/05)

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TALLAHASSEE, FLORIDA