

L09 0000 35926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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L09-35926

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Krasim LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000035926

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:

Lialia Nouroucheva
Name of Person

Krasim LLC
Name of Firm/Company

9 Wainshire Place
Address

Palm Coast, FL 32164
City/State and Zip Code

Lialianur@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lialia Nouroucheva at (386) 338-7661
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE
TALLAHASSEE, FL 32309

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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,

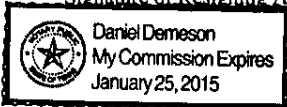
Aida Dali, hereby resigns as
Name of Registered Agent

Registered Agent for Krasim LLC
Name of Limited Liability Company

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.

If signing on behalf of an entity:
[Signature]
Signature of Resigning Agent

Typed or Printed Name
Capacity

State of Texas County of Travis
This instrument was acknowledged
before me on the 28 of JAN, 2012
By AIDA DALI

[Signature]
Notary Public

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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FILED