LC9000085450

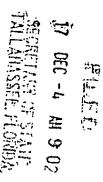
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

Registration Section Division of Corporations KASPER BUSINESS CAPITAL SOLUTIONS, LLC SUBJECT: Name of Limited Liability Company L09000085450 DOCUMENT NUMBER:____ 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: Kaitie Sperry Name of Person Corporate Direct, Inc. Name of Firm/Company 2248 Meridian Blvd., Ste H Address Minden, NV 89423 City/State and Zip Code info@corporatedirect.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kaitie Sperry Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115.	, Florida Statutes, the	undersigned,		
Gerri Detweiler			, hereby resigns as		
	Name of Registered Agent		, nordo y redigito a		
Registered Agent for	KASPER BUSINESS CAPITAL SOLUTIONS, LLC				
	Name of Limit	ed Liability Company		7	
L09000	0085450				
Document Nu	mber, if known			•	
The agency is terminated	Levi	tinued on the 31st day Signature of Resigning A		th this statement is filed	
If signing on behalf of a	•			Ťu sati	
	G	erri Detweiler			
	•	ped or Printed Name		全型 66 物	
	R6	egistered Agent	 	SS	
		Capacity			
	FILING I \$ 85.00 \$ 25.00	FEES: Active limited liabil Administratively dis withdrawn limited l	ity company ssolved/ voluntarily dis liability company	Ssolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314