109000119983

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COVER LETTER

SUBJECT: KYOCLE INVESTMENTS LLC Name of Limited Liability Company
DOCUMENT NUMBER: L0900011983
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:
CHRISTINE DOLLIN
Name of Person
Name of Firm/Company
114 CALIFORNIA BLUO
Address
DAUENPORT FL 33897
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHRISTINE DOLLIN at (863)399 0280 5 2 2
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Amendment Section

Division of Corporations

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2)	or 608.509, Florida St	tatutes, the undersigned,
CHRISTINE DOLL	12	, hereby resigns as
Name of Registered Agent	, <u>, , , , , , , , , , , , , , , , , , </u>	, nereey resigns as
Registered Agent for KYOGLE IN	JUEST MENTS	uc
Name of Limited	d Liability Company	
L09000119983 Document Number, if known	_	
A copy of this resignation was mailed to the abo	ve listed limited liabili	ity company at its last known address.
The agency is terminated and the office disconti	nued on the 31st day a	fter the date on which this statement is fil-
	ustrie Dallin	
S	ignature of Resigning Ager	nt
If signing on behalf of an entity:		5" D2
**	d or Printed Name	2013 APR 12 PH 3: 40 PALLAHASSEE FILSHIDS
	Capacity	ار الم
		PH 3: 40
FILING FI \$ 85.00 / \$ 25.00 /	EES: Active limited liability Administratively disso withdrawn limited lial	/ company olved/ voluntarily dissolved/ bility company

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