# 100001406

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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SECRETARY OF STATE
SALLAHASSEE, FLORID

### **COVER LETTER**

Division of Corporations
SUBJECT: XO_ TEC_LLC  Name of Limited Liability Company
DOCUMENT NUMBER: <u>L/00000/4606</u>
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:
Steven Fehr Name of Person
KO_TECLLC -A/KIA XOCIGARS. COM Name of Firm/Company
2400 W. Atlantic Blvd H266
Paryano Bach, Fl. 33069  Gity/State and Zip Code
SHEVEN FLEN O WAS COM- E-mail address: (to be used for further annual report notification)
For further information concerning this matter, please call:
Stuen Fehr at (800) 761-6759  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 Statutes, the undersigned,
Jin KAPLAN Hudson Holland Sto both resigns as
Name of Registered Agent
Registered Agent for XO, TEC, UC AKA XOUGANS.COM
Name of Limited Liability Company
21000014606
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.
Signature of Resigning Agent
If signing on behalf of an entity:
Jul Karn)
Typed or Printed Name
Coo, Hudson Hellord Clobal, Uc
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\$ 25.00 Administratively dissolved/voluntarily dissolved withdrawn limited liability company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
Tallahassee, FL 32314

INHS17 (08/05)