

L100000071275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

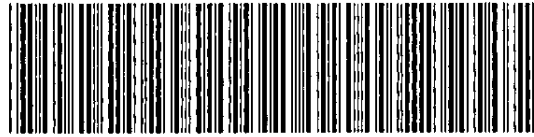
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*CA
Resignation*

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 SEP -2 AM 10:47

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP -2 PM 3:31

FILED

*ASR
9/2/10*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 498949 7784475

AUTHORIZATION :

[Handwritten Signature]

COST LIMIT : \$ ~~25.00~~ 85.00

ORDER DATE : September 2, 2010

ORDER TIME : 10:23 AM

ORDER NO. : 498949-005

CUSTOMER NO: 7784475

DOMESTIC FILINGS

NAME: KZ TRAINING, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT# 2951

EXAMINER'S INITIALS: _____

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2010 SEP -2 PM 3:31

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 KZ TRAINING, LLC

(Name of Limited Liability Company)

L10000071275

(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:

Lamont W Jones, Assistant VP

(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withdrawn limited liability company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