L10000115636

(Requestor's Name)					
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(City/State/Zip/Phone #)					
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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	KAYA MALI LLC			
	Name of Limit	ted Liability	Company	
DOCUMENT NUMBER:_	L10000115636			
The enclosed Resignation of for filing.	Registered Agent fo	r a Limited	Liability Company a	and fee are submitted
Please return all corresponde	ence concerning this	matter to th	e following:	
JOHN WESCOTT CONB	OY			
Name	of Person			
Name of F	irm/Company			
3248 MCEWAN LANE				
Ad	dress			
ORLANDO FLORIDA 32	2812			
City/State	and Zip Code	· · · · · · · · · · · · · · · · · · ·		
jconboy@gmail.com				
E-mail address: (to be used f	or future annual report no	otification)		
For further information conc	erning this matter, pl	ease call:		
JOHN CONBOY	at (407	342-6256	
Name of Pers		Area Code	Daytime Telephone 1	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	tions of section 605.0115, Florida	Statutes, the undersigned,	
RYKO DEVELOPMENTS LLC		, hereby resigns	s as
	Name of Registered Agent		-
Registered Agent for	KAYA MALI LLC		
	Name of Limited Liability	у Сотрапу	
L10000115636			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above liste	d limited liability company at its	last known address.
The agency is termina	ated and the office discontinued or	of Resigning Agent	second 15 MAR
If signing on behalf of	f an entity:		AAR
	HENRY K JURGENS		— 号文 — 号文
	Typed or Prin	ted Name	A ROLL
	MM		છ .
	Capacity		23

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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 Tailahassee, FL 32314