

LI3000 123622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

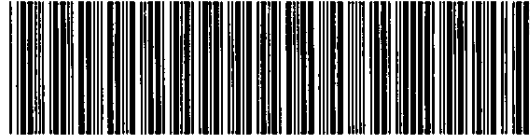
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700288195337

07/28/16--01022--005 **85.00

FILED
16 JUL 28 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 29 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kelly Enterprises, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000123622

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:

Sheryl Hunter
Name of Person

Hunter Business Law
Name of Firm/Company

119 S. Dakota Avenue
Address

Tampa, FL 33606
City/State and Zip Code

Notices@hunterbusinesslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheryl Hunter at (813) 867-2640
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provisions of section 605.0115, Florida Statutes, the undersigned,

Sheryl Hunter - Hunter Business Law, hereby resigns as
Name of Registered Agent

Registered Agent for Kelly Enterprises, LLC

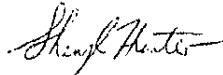
Name of Limited Liability Company

L13000123622

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:

Hunter Business Law

Typed or Printed Name

President / owner

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

15 JUL 28 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA