

L13000127423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

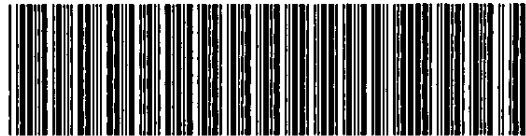
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900249822189

09/27/13--01005--020 **85.00

FILED
13 SEP 27 PM 1:12
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kustom Solutions, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000127423

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:

Keith M. Sims

Name of Person

Kustom Solutions, LLC

Name of Firm/Company

12637 Longcrest Drive

Address

Riverview, FL 33579

City/State and Zip Code

bucs4life8279@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith M. Sims

Name of Person

at (**813**) **403-8405**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

FILED
13 SEP 27 PM 1:12
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

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,

Leroy Sims

, hereby resigns as

Name of Registered Agent

Registered Agent for **Kustom Solutions, LLC**

Name of Limited Liability Company

L13000127423

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:

Leroy Sims

Typed or Printed Name

Capacity

FILED
13 SEP 27 PM 1:12
TALLAHASSEE, FLORIDA

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