K15000057614

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
Ourings Full M
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800365898878

05/14/21--01021--021 **25.00



COVER LETTER

SUBJECT: Koenreich Power Systems, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L15000057614
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:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
101 North Brand Blvd. 11th Floor
Address
Glendale, CA 91203
City/State and Zip Code
raresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations

TO:

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 provision	ons of section 605.011	5, Florida Statutes, the unde	rsigned,		
United States Corporation Agents, Inc. Name of Registered Agent			, hereby resigns as		
	Name of Lin	nited Liability Company			
L15000057614					
Document N	umber, if known				
		above listed limited liability of			
The agency is terminate	ed and the office disco	ntinued on the 31st day after	the date on which th	is statement is filed.	
		Signature of Resigning Agent			
If signing on behalf of a	ın entity;				
	Cheyenne Mose	eley			
	T	yped or Printed Name			
	Asst. Secretary for L	Inited States Corporation Age	ents, Inc.	7 22	
		Capacity		2021 HA	
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit	mpany d/ voluntarily dissolv		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314