

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,

15-1459/JSL

Account Number : 076424003301 Phone : (813)223-7474 Fax Number : (813)227-0435

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____ mitch.roop@gmail.com

P.A.

LLC REGISTERED AGENT RESIGNATION KPC MAINTENANCE SERVICES, LLC

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Electronic Filing Menu

Corporate Filing Menu

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

TK Registered Agent, Inc. Name of Registered Agent		, hereby resigns as	
	Name of Limited Liability Company	у	
L15000058838			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited	liability company at its last known address.	
The agency is termina	sted and the office discontinued on the 31st		
If signing on behalf of an entity:			
	Julia S. Lee		
	Typed or Printed Name Attorney	TETARY OF AHASSEE.	
	Capacity	A 9:31 F STATE FLORIDA	
	FILING FEES:	-	
	\$ 85.00 Active limited lia \$ 25.00 Administratively withdrawn limite	ability company dissolved/voluntarily dissolved/ ed liability company	

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

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