

L16000054011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

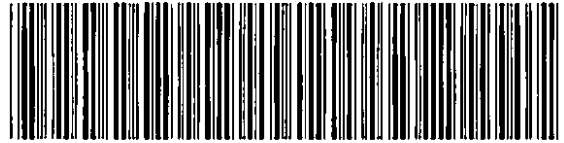
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF ARIZONA
DIVISION OF CORPORATIONS

2023 SEP 7 2023

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09/07/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: King's Black Spirit, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000054011

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:

Ralph Kenol

Name of Person

Ralph Kenol, P.A.

Name of Firm/Company

1940 Harrison St. Suite # 304

Address

Hollywood, FL 33020

City/State and Zip Code

rk@ralphkenolpa.com

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

For further information concerning this matter, please call:

Ralph Kenol at (954) 600-9228
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Ralph Kenol _____, hereby resigns as

Name of Registered Agent

Registered Agent for King's Black Spirit, LLC

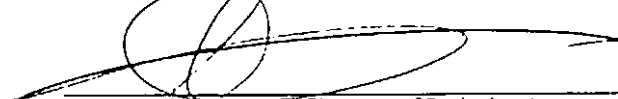
Name of Limited Liability Company

L16000054011

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:

Ralph Kenol, PA

Typed or Printed Name

Attorney/Owner of Law Firm

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

2023 SEP -7 PM 12:40

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS