## LW0000055570

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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2020 SEP 28 PM 2: 00

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## **COVER LETTER**

SUBJECT: K.R.D. DESIGNS, LLC						
Name of this	iited Liability	Company				
DOCUMENT NUMBER: L16000055570						
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted				
Please return all correspondence concerning this	s matter to th	e following:				
United States Corporation Agents, Inc.						
Name of Person						
LegalZoom.com, Inc.						
Name of Firm/Company						
101 North Brand Blvd. 11th Floor						
Address	<del>-</del>					
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:					
Joyce Yi	, 800	773-0888 x7789				
Name of Person	Area Code	773-0888 x7789 Daytime Telephone Number				
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrativ liability company.	Department ely dissolved	of State for \$85.00 for an active limited I. voluntarily dissolved or withdrawn limited				
MAILING ADDRESS:	STREE	T ADDRESS:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Es	2661 Executive Center Circle				

Tallahassee, FL 32301

INHS17 (2/14)

**TO:** Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 602.011	5, Florida Statutes, the under	rsigned.			
United States Corporation Agents, Inc.		hereby resigns as				
	Name of Registered Age	nt	, -			
Registered Agent for K.	R.D. DESIGNS.	LLC		<del>.</del>		
	Name of Lin	ited Liability Company			<u>.</u>	<u> </u>
L16000055570						
Document Nu	mber, it known					
A copy of this resignatio	n was mailed to the a	above listed limited liability (	company at its last	known	addres	SS.
		ntinued on the 31st day after  Signature of Resigning Agent		i.	2020 SEP	
If signing on behalf of ar	entity:			三層	SE	200
	Cheyenne Mose	eley			P 28	ALTERNATION AND AND AND AND AND AND AND AND AND AN
		yped or Printed Name		SS		! व्यक्ता
	Asst. Secretary for U	Inited States Corporation Age	ents, Inc.	SSEE	2	
		Capacity		STATE	2: 03	Û
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	d/voluntarily diss	solved/		

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