116000211762

| (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: | | | | | |
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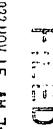
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2/14/2023

COVER LETTER

TO:

INHS17 (2/14)

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Name of Limited Limi | ability Company |
| DOCUMENT NUMBER: L16000211762 | |
| The enclosed Resignation of Registered Agent for a I for filing. | imited Liability Company and fee are submitted |
| Please return all correspondence concerning this matt | er to the following: |
| Chelsea Chapman | |
| Name of Person | |
| Legaline Corporate Services, INC. | |
| Name of Firm/Company | |
| 10601 Clarence Dr Ste 250 | |
| Address | |
| Frisco, TX 75033-3867 | |
| City/State and Zip Code | |
| ra@legalinc.com | |
| E-mail address: (to be used for future annual report notifical | ition) |
| For further information concerning this matter, please | call: |
| Chelsea Chapman 844 at (| 386-0178 |
| | Code Daytime Telephone Number |
| Enclosed is a check made payable to the Florida Depa liability company or \$25.00 for an administratively dilimited liability company. | rtment of State for \$85.00 for an active limited ssolved, voluntarily dissolved or withdrawn |
| 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 |

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | s of section 605.011 | 5, Florida Statu | tes, the undersigned, | |
|----------------------------|--------------------------|--|--|-------------|
| Legaline Corporate Service | es, INC. | | , hereby resigns as | |
| | Name of Registered Age | ent | | |
| Registered Agent for KE | OGF ENTERPRISES I | LLC | | |
| | Name of Lin | nited Liability Com | pany | <u></u> . |
| | , and of 1311. | | F | |
| L16000211762 | | | | |
| Document Nui | mber, if known | | | |
| A copy of this resignation | n was mailed to the a | above listed lim | ted liability company at its last known addr | ess. |
| The agency is terminated | and the office disco | Signature of Res | Ist day after the date on which this stateme | |
| If signing on behalf of ar | n entity: | | Part - Pa | 2022 NOV 15 |
| | Chelsea Chapman | | | <u>-</u> |
| | T | yped or Printed Na | me S | |
| | On Behalf of Legalin | c Corporate Serv | ices, INC. | A |
| | | Capacity | S, FL | AM 7: 12 |
| | FILING S 85.00 S 25.00 | Active limited Administrative | d liability company ely dissolved/ voluntarily dissolved/ mited liability company | |
| NHC17 (2/14) | Make checks payat | ole to Florida De Division of Cor P.O. Box Tallahassee, F | . 327 | |