# L17000036401

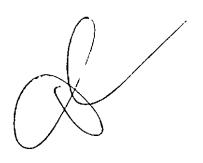
(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



400392774684

08/29/22--01085--024 \*+25.00





### **COVER LETTER**

SUBJECT: BKQB,LLC  Name of Limited Liability	y Company	_		
DOCUMENT NUMBER: L17000036401				
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company a	and fee are	submit	ted
Please return all correspondence concerning this matter to t	he following:			
United States Corporation Agents, Inc.				
Name of Person	_			
Legalzoom.com, Inc.				
Name of Firm/Company	_		2027	
9900 Spectrum Dr.		-	2022 AUG	<del>   </del>   11
Address	_		329	27 7 28
Austin, TX 78717		·- ,	PH	, 2 d
City/State and Zip Code	_		կ։ 05	War de
raresignations@legalzoom.com			05	
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		

#### MAILING ADDRESS:

liability company.

TO: Registration Section

Division of Corporations

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 provisions of section	on 605.0115.	Florida Statutes, the under	signed.			
United States Corporation Agents, Inc.		hereby resigns as				
Name of Registered Agent			neces resigns as			
Registered Agent for BKQB,LLC	<u> </u>					
	Name of Limite	ed Liability Company				
L17000036401						
Document Number, if know	wn	<del>_</del>				
A copy of this resignation was mai	iled to the ab	ove listed limited liability o	company at its last k	nown add	dress.	
The agency is terminated and the o	office discont	inued on the 31st day after	the date on which the	his staten	nent is fi	led.
		Signature of Resigning Agent				
If signing on behalf of an entity:						
Cheyenne Moseley				2022 AUG 29		
<del></del>	Typed or Printed Name			•	AUG	و آا د
Asst. Sec	Asst. Secretary for United States Corporation Agents, Inc		ints, Inc.		25	— , — ,
		Capacity		11		ย็ส
				• .	7.	į — j
	FILING F \$ 85.00 \$ 25.00	EES: Active limited liability con Administratively dissolved withdrawn limited liabilit	mpany d/ voluntarily dissol y company	ved/	PH 4: 05	

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