L170002ZI01Z

(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

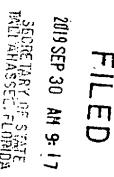
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COVER LETTER

SUBJECT: KDCLOSET, LLC Name	of Limited Liability Company
DOCUMENT NUMBER: L170002210)12
The enclosed Resignation of Registered A submitted for filing.	Agent for a Limited Liability Company and fee are
Please return all correspondence concerni	ng this matter to the following:
United States Corporation Agents, Inc	c.
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com E-mail address: (to be used for future annua	ll report notification)
For further information concerning this n	natter, please call:
Kasandra Lund	at (1 800) 773-0888 x3951
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the liability company or \$25.00 for an admin limited liability company.	Florida Department of State for \$85.00 for an active limite distratively dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS:	STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the undersign	ied.
United States Corporation Agents, Inc.		, hereby resigns as
	Name of Registered Agent	
Registered Agent for	KDCLOSET, LLC	
	Name of Limited Liability Company	
KDCLOSET, LLC		
Document	Number, if known	
	ed and the office discontinued on the 31st day after the dat	e on which this statements filed.
	Signature of Resigning Agent	30 AM 9. RESELLED
If signing on behalf o	f an entity:	
	Cheyenne Moseley	75
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agents, In	nc.
	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