# L17000251628

(Requestor's Name)		
(Address)		
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R. WH!TE FEB 13 2020 2020 J. 1.21 PH 1:42

### **COVER LETTER**

Name of Limited Li	ability Company
DOCUMENT NUMBER: L17000251628	
The enclosed Resignation of Registered Agent for a Lifor filing.	mited Liability Company and fee are submitted
Please return all correspondence concerning this matte	r to the following:
Ed Tsuji	
Name of Person	<del></del>
MyCompanyWorks, Inc.	
Name of Firm/Company	<del></del>
187 E. Warm Springs Road, Suite B	
Address	
Las Vegas, NV 89119	
City/State and Zip Code	<del></del>
orders@mycompanyworks.com	
E-mail address: (to be used for future annual report notifica	tion)
For further information concerning this matter, please	call:
Ed Tsuji 702	362-2677 Code Daytime Telephone Number
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 provision	ns of section 605.0115, Florida Statutes, the undersigne	d,
InCorp Services, In-	C. , herel	by resigns as
-	Name of Registered Agent	, .
Registered Agent for K	s Platinum Quality Cleaning Services, LLC	
	Name of Limited Liability Compan-	
L17000251628		
Document Nu	mber, if known	
A copy of this resignation	on was mailed to the above listed limited liability compa	my at its last known address.
The agency is terminated	d and the office discontinued on the 31st day after the d	ate on which this statement is filed.
	Signature of Resigning Agent	<del>_</del>
If signing on behalf of a	n entity:	2020
	Jennifer Peters	
	Typed or Printed Name	
	Assistant Secretary of InCorp Services, Inc.	<del></del>
	Capacity	77)
		1:42
	FILING FEES:	
	\$ 85.00 Active limited liability compan \$ 25.00 Administratively dissolved/ vol withdrawn limited liability con	y untarily dissolved/ ipany

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