L18000 017 742

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
	_		
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
l			

Office Use Only



900331999529

07/32/19--61939--011 **25.60



ML 2 6 2019 C MINSEY

COVER LETTER

SUBJECT: K Rochelle, LLC Name of Limite	ad Liability	Company
DOCUMENT NUMBER: L18000017742	ed thaomty	Company
The enclosed Resignation of Registered Agent for filing.	r a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this r	natter to th	e following:
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company		
9900 Spectrum Dr.		
Address		
Austin, TX 78717		
City/State and Zip Code		
E-mail address: (to be used for future annual report no	titication)	
For further information concerning this matter, ple	ease call:	
Janna Pantoja	1 800 Area Code	773-0888 x3950
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida I liability company or \$25.00 for an administrative liability company.		
MAILING ADDRESS:	STREE	T ADDRESS:
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115. Florida Statutes, the undersigned.

United States Corporation Agents, Inc.		, hereby resigns as
	Name of Registered Agent	
Registered Agent for _	Rochelle, LLC	
	Name of Limited Liability Company	·
L18000017742		
Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liability	company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after	r the date on which this statement is filed.
	Signature of Resigning Agent	2019 JUL 22 SECINLIANAS TALLAHAS
If signing on behalf of a	an entity:	HA N
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Ag	ents, Inc.
	Capacity	<u> </u>

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

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