

L18000 017 866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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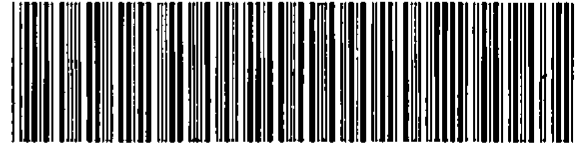
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
19 AUG 15 PM 2:30

RA Resignation

AUG 22 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K-9 Kruzer, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000017866

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lance A. Ragland

Name of Person

Lance A. Ragland, P.A.

Name of Firm/Company

2461 W. State RD 426 STE 1001

Address

Oviedo, FL 32765

City/State and Zip Code

tmcnally2013@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lance A. Ragland

Name of Person

at (407) 542-0633

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

DEPARTMENT OF CORPORACTIONS
DIVISION OF CORPORATIONS
19 AUG 15 PM 2:30

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Lance A. Ragland, P.A.

_____, hereby resigns as
Name of Registered Agent

Registered Agent for K-9 Kruzer, LLC

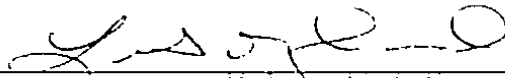
Name of Limited Liability Company

L18000017866

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Lance A. Ragland

Typed or Printed Name

President

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

DIVISION OF CORPORATIONS
19 AUG 15 PM 2:30