

L150000041294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

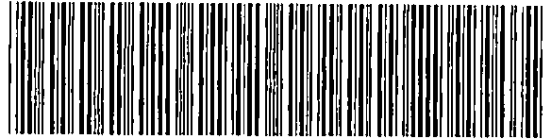
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
SEP 19 2024

Office Use Only



400434834744

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2024 SEP 18 AM 9:32

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

09/18/2024

NAME:

KGS AGRO GROUP LLC

TYPE OF FILING: RESIGNATION

COST:

85.00

RETURN:

PLAIN COPIES

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

a-hodge

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Florida Filing & Search Services, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for KGS Agro Group LLC

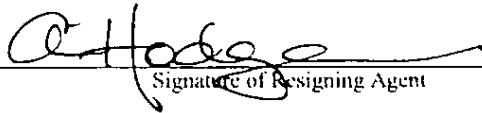
Name of Limited Liability Company

L18000041294

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:

Abbie Hodge

Typed or Printed Name

Senior Vice 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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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