L18000 105 174

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	_
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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2020 APR 20 PM 1: 56

QM N/30/20

COVER LETTER

SUBJECT: Kosowski Retail LLC		
Name of Lim	nited Liability Company	
DOCUMENT NUMBER: L18000105174		
The enclosed Resignation of Registered Agent for filing.	for a Limited Liability Company and fee are submitted	
Please return all correspondence concerning this	s matter to the following:	
United States Corporation Agents, Inc.		
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 annual report	notification)	
For further information concerning this matter, p	please call:	
Janna Pantoja	_/ 800	
Name of Person	(800) 773-0888 x3950 Daytime Telephone Number	
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrativ liability company.	Department of State for \$85,00 for an active limited rely dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

100

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the und	ersigned.	
United States Corp	poration Agents, Inc.	hereby resigns as	
	Name of Registered Agent	Hereby resigns as	
Registered Agent for _	Kosowski Retail LLC		
	Name of Limited Liability Company	•	
L18000105174			
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 Signature of Resigning Agent		ed.
If signing on behalf of a	an entity:	2020 APR 20	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Cheyenne Moseley	× ≥ ≥	3 E E E
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Ag	gents, Inc.	3.35
	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