## 118000 162093

(Requestor's Name)				
(Ad	dress)			
(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:				





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04/20/20--01006--025 ++25.00

2020 APR 20 PM 1: 54



## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Kaizen Loop LLC		
	Liability Company	
DOCUMENT NUMBER: L18000162093		
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted	
Please return all correspondence concerning this mat	tter to the following:	
United States Corporation Agents, Inc.		
Name of Person	<del></del>	
Legalzoom.com, Inc.		
Name of Firm/Company	<del> </del>	
101 North Brand Blvd. 11th Floor		
Address		
Glendale, CA 91203		
City/State and Zip Code	<del></del>	
raresignations@legalzoom.com		
E-mail address: (to be used for future annual report notific	eation)	
For further information concerning this matter, pleas	e call:	
Janna Pantoja at (at (	0 ,773-0888 x3950	
Name of Person Arc	ca Code Daytime Telephone Number	
Enclosed is a check made payable to the Florida Depliability company or \$25.00 for an administratively diability company.	partment of State for \$85.00 for an active limited lissolved, voluntarily dissolved or withdrawn limited	
	STREET ADDRESS:	
Registration Section	Registration Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

1NHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115. Florida Statut	es, the undersigned,	
United States Corp	oration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for K	aizen Loop LLC		
			<u></u> ,
	Name of Limited Liability Comp	pany	
L18000162093			
Document N	imber, if known		
A copy of this resignati	on was mailed to the above listed limi	ted liability company at its last know	n address.
The agency is terminate	d and the office discontinued on the 3	Ist day after the date on which this s	tatement is filed.
	Signature of Resi	gning Agent	
If signing on behalf of a	in entity:		2021
	Cheyenne Moseley		2020 APR 20
	Typed or Printed Na	me	R 2
	Asst. Secretary for United States Co	rporation Agents, Inc.	• - •
	Capacity		P 139
			1:54
	FILING FEES:		<del></del>
	\$ 25.00 Administrativ	d liability company vely dissolved/ voluntarily dissolved mited liability company	M

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