

8/20/24, 1:55 PM

Division of Corporations

L180017517

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.
Account Number : 128190000096
Phone : (407)745-1112
Fax Number : (407)641-8083

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ACC@EXPATCONSULTING.COM

LLC REGISTERED AGENT RESIGNATION KINGDOM Acai W.P. LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KINGDOM ACAI W.P. LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000185747

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:

NILTON FREGNI
Name of Person

EXPAT CONSULTING CORP
Name of Firm/Company

8615 COMMODITY CIR. STE 11
Address

ORLANDO - FL - 32818
City/State and Zip Code

ACC@EXPATCONSULTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NILTON FREGNI at (407) 7451112
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

EXPAT CONSULTING CORP

Name of Registered Agent

, hereby resigns as

Registered Agent for KINGDOM ACADEMY, LLC

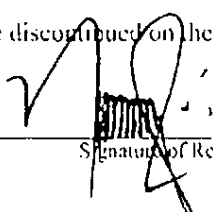
Name of Limited Liability Company

118000185747

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:

MILTON FREGNI

Typed or Printed Name

P

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

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