L18000 192944

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TO:	Registration Section
	Division of Corporations
SUBJ	Registration Section Division of Corporations ECT: KRVL Florida LLC Name of Limited Liability Company
	Name of Limited Liability Company
DOC	UMENT NUMBER: L18000192944
The er	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ing.
Please	return all correspondence concerning this matter to the following:
Unite	d States Corporation Agents, Inc.
	Name of Person
Lega	Izoom.com, Inc.
	Name of Firm/Company
9900	Spectrum Dr.
	Address
Austi	n, TX 7 8717
	City/State and Zip Code
E-	mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Janna	a Pantoja 1 800 773-0888 x3950
	Name of Person
наони	sed is a check made payable to the Florida Department of State for \$85.00 for an active limited y company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited y company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, th	e undersigned,	温 素 22
United States Corporation Agents, Inc.	, hereby resigns as	到为
Name of Registered Agent	nereby resigns as	21 44
Registered Agent for KRVL Florida LLC		
		ب المالية
Name of Limited Liability Company		G
L18000192944		
Document Number, if known		
Document Number, if known A copy of this resignation was mailed to the above listed limited lie	ability company at its last l	known address.
A copy of this resignation was mailed to the above listed limited lia		
A copy of this resignation was mailed to the above listed limited lia	ay after the date on which	
A copy of this resignation was mailed to the above listed limited line. The agency is terminated and the office discontinued on the 31st day. Signature of Resigning.	ay after the date on which	
A copy of this resignation was mailed to the above listed limited line. The agency is terminated and the office discontinued on the 31st day. Signature of Resigning.	ay after the date on which	
A copy of this resignation was mailed to the above listed limited lia. The agency is terminated and the office discontinued on the 31st day. Signature of Resigning and Signature of	ay after the date on which	
A copy of this resignation was mailed to the above listed limited lia. The agency is terminated and the office discontinued on the 31st day. Signature of Resigning of Resigning on behalf of an entity: Cheyenne Moseley	Agent	

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company