## L18 000 208896

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MAY 2 8 2019 S. YOUNG

## COVER LETTER

i i	, ·
TO: Registration Section Division of Corporations	
SUBJECT: Kervans Technologies LL	
Nam	e of Limited Liability Company
DOCUMENT NUMBER: L18000208	896
The enclosed Resignation of Registered for filing.	Agent for a Limited Liability Company and fee are submitted
Please return all correspondence concern	ning this matter to the following:
United States Corporation Agents, In	nc.
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Compan	ly'
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Cod	le l
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this	matter please call:
	1 800 773-0888 x395
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the liability company or \$25.00 for an admitiability company.	e Florida Department of State for \$85.00 for an active limited inistratively dissolved, voluntarily dissolved or withdrawn limited
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
INHS17 (2/14)	

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

ı				
Pursuant to the provisions of	section 605.0115, FI	orida Statutes, the undersigned,		
United States Corporat	ion Agents, Inc.	hereby	resigns as	
	e of Registered Agent		reargina da	
Registered Agent for Kerva	ins Technologies	LLC		_
	Name of Limited I	lability Company	<del>-</del>	<u> </u>
L18000208896				
Document Number.	iľknown			
A copy of this resignation wa	as mailed to the above	e listed limited liability compan	y at its last known addre	SS.
The agency is terminated and	I the office discontinu	   jed on the 31st day after the dat	e on which this statemer	nt is filed.
	CLA	nature of Resigning Agent	_	
	- 51g1	name of reciding Agent		
I signing on behalf of an ent	ity:	ì		
Сһ	eyenne Moseley		-	(5)
		or Printed Name		
Ass.		d States Corporation Agents, Inc	<del></del>	_
	Ci	pacity		ω,
!	EILING PPI	20.		Ç
	\$ 25.00 Ac	tive limited liability company lministratively dissolved/volur ithdrawn limited liability comp	tarily dissolved/ any	<u>:</u>
M		Florida Department of State and	l mail to:	
	Div	ision of Corporations P.O. Boy 6327		
	Та	llahassee, F1. 32314		
NHS17 (2/14)				