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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: CKA Fencing, LLC Name of Limited Liability Company DOCUMENT NUMBER: <u>L18000251719</u>

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:

nristopher Hatcher KA Ferring, LL-C Name of Firm/Company 8310 Palm Garden Blud. Panama City Beach, FL 32408 City/State and Zin Codd E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

hristopher Hatcher at (334) 799-2197 Name of Person at (334) Davime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 J 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

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

Christopher M. Hatcher Name of Registered Agent		hereby resigns as				
Registered Agent for(CKA Ferr	cing, LLC	<u></u>	<u></u>		
	Name of Limi	ited Liability Company			<u> </u> ,	
L1800005 Document Num						
A copy of this resignation	n was mailed to the a	bove listed limited liabilit	y company at its last kn	iown add	ress.	
The agency is terminated	and the office discor	ntinued on the 31st day aff I	ter the date on which th	is statem	ent is f	filed
	CM	Signature of Resigning Agent				
If signing on behalf of an	entity:			ALLA	19 00	9
	Ту	ped or Printed Name	·····		7 - 7	
		Capacity		HURIDA	ph 11: 20	U
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company ved/ voluntarily dissolv ility company			

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