L19000024465

(Re	questor's Name)	_			
(Add	dress)				
(Add	dress)				
(Cit	y/State/Zip/Phone	> #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
Name of Elimited Etablity Company
DOCUMENT NUMBER: L19000024465
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:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
101 North Brand Blvd. 11th Floor
Address
Glendale, CA 91203
City/State and Zip Code
raresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
, 800 773-0888
Name of Person at (Name Telephone Number 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605,011	5. Florida Statutes, the undersig	gned.	
United States Corpo	oration Agents, Ir	IC.	ereby resigns as	
	Name of Registered Age	nt, no	neon resigns as	
Registered Agent for Ko	C Discovery LLC			Ţ
_				
	Name of Lin	ited Liability Company		<u></u> ;
L19000024465				
Document Nu	mber, if known			\(\frac{12}{12}\)
A copy of this resignation	on was mailed to the a	above listed limited liability cor	npany at its last known a	ddress.
The agency is terminated	and the office disco	ntinued on the 31st day after th	e date on which this state	ement is filed.
lf signing on behalf of ar	i entit <u>v</u> :			
	Cheyenne Mose	ley		
	T	yped or Printed Name		
	Asst. Secretary for L	Inited States Corporation Agents	s, Inc.	
		Capacity		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability comp Administratively dissolved/ withdrawn limited liability o	voluntarily dissolved/	

Make checks payable to Florida Department of State and mail to: Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314