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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: KURCOC LLC			
Name of	Limi	ted Liability	Company
DOCUMENT NUMBER: L19000088124	•		
The enclosed Resignation of Registered Age for filing.	ent fa	or a Limited	Liability Company and fee are submitted
Please return all correspondence concerning	this	matter to th	e following:
United States Corporation Agents, Inc.			
Name of Person			
Legalzoom.com, Inc.			
Name of Firm/Company			
101 North Brand Blvd. 11th Floor			
Address		<del></del>	
Glendale, CA 91203			
City/State and Zip Code			
raresignations@legalzoom.com			
E-mail address: (to be used for future annual rep	ortn	otification)	
For further information concerning this matter	er. p	lease call:	
Janna Pantoja	21.(	800	773-0888 x3950
Name of Person	_ = ===================================	Area Code	) Daytime Telephone Number
Enclosed is a check made payable to the Flor liability company or \$25.00 for an administraliability company.	rida i ative	Department ly dissolved	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:			T ADDRESS:
Registration Section	ation Section		
Division of Corporations P.O. Box 6327			n of Corporations Building
Tallahassee, FL 32314	secutive Center Circle		

Tallahassee, FL 32301

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

Pursuant to the provision	as of section 605.0115, Florida Statutes.	the undersigned.			
United States Corporation Agents, Inc.		, hereby resigns a	. hereby resigns as		
	Name of Registered Agent				
Registered Agent for Ki	URCOC LLC	·			
	Name of Limited Liability Compar	у		,	
L19000088124					
Document Nu	unber, if known				
	on was mailed to the above fisted limited				filad
The agency is terminated	d and the office discontinued on the 31s		TAL SAUSS	2020 AUG 24	med.
If signing on behalf of a	n entity:		H A	୍ଦ 2	APLESS S
	Cheyenne Moseley		AS!		-
	Typed or Printed Name		SES SES	AM 9: 53	111
	Asst. Secretary for United States Corp	oration Agents, Inc	Z Z	ö	
	Capacity		L = 1	ဌ	

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\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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