L19000 115115

(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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2020 OCT -2 PH 3: 56

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kay Monroe Enterprises	s LLC
1 141	the of Ethnica Elability Company
DOCUMENT NUMBER: L1900011	5115
The enclosed Resignation of Registered for filing.	d Agent for a Limited Liability Company and fee are submitted
Please return all correspondence conce	rning this matter to the following:
United States Corporation Agents,	Inc.
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Compa	my
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Co	de
raresignations@legalzoom.com	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this	s matter, please call:
Jazmine Johnson	at (800 773-0888 x5122 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to th liability company or \$25.00 for an adm liability company.	e Florida Department of State for \$85.00 for an active limited inistratively dissolved, voluntarily dissolved or withdrawn limit

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 provis	sions of section 605.0115, Florida Statutes, the undersign	gned.	
United States Corporation Agents, Inc. , hereby resigns as			
	Name of Registered Agent	areoy resigns as	
Registered Agent for	Kay Monroe Enterprises LLC	 	
-	Name of Limited Liability Company	<u></u> ,	
L19000115115			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited liability cor	npany at its last known address.	
The agency is termina	ated and the office discontinued on the 31st day after th		
	Signature of Resigning Agent	7020 OCT	
If signing on behalf o	f an entity:	2	
Cheyenne Moseley		PH 3: 56	
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Agent	s, Inc.	
	Capacity	The same of the sa	

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Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 25.00

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