## L19000143976

(Re	questor's Name)		
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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## **COVER LETTER**

SUBJECT: KOWAL IP SERVICES LLC Name of	1 () 1 ()	Campani
		Company
DOCUMENT NUMBER: L19000143976	) 	
The enclosed Resignation of Registered Age for filing.	ent for a Limited	Liability Company and fee are submit
Please return all correspondence concerning	this matter to th	ne 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 re	port notification)	•
For further information concerning this matt	er, please call:	
Joyce Yi	800	773-0888 x7789 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number

STREET ADDRESS:

Tallahassee, Fl, 32301

2661 Executive Center Circle

Registration Section Division of Corporations

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

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

Pursuant to the provisio	ns of section 605.0115. Florida Statutes, the u	indersigned.
United States Corporation Agents, Inc.		, hereby resigns as
	Name of Registered Agent	Thereby resigns us
Registered Agent for K	OWAL IP SERVICES LLC	
	Name of Limited Liability Company	
L19000143976		
Document No	imber, if known	
A copy of this resignation	on was mailed to the above listed limited liabi	lity company at its last known address.
The agency is terminate	d and the office discontinued on the 31st day	after the date on which this statement is file
	CM.	
	Signature of Resigning Ago	ent
lf signing on behalf of a	n entity:	·
	Cheyenne Moseley	S)
	Typed or Printed Name	
	Asst. Secretary for United States Corporation	
	Capacity	· ?:
		.; ∵;
	FILING FEES: \$ 85.00 Active limited liabilit \$ 25.00 Administratively diss withdrawn limited lia	ty company olved/ voluntarily dissolved/ ability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314