619000238698

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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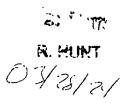
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COVER LETTER

Division of Corporations SUBJECT: KayaRoo Enterprises L.L.C. Name of Limited Liability Company DOCUMENT NUMBER: L19000238698 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 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

For further information concerning this matter, please call:

Name of Person

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

Area Code Daytime Telephone Number

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011:	5, Florida Statutes, the unders	igned,
Name of Registered Agent			hereby resigns as
			_ , mereey realigns us
Registered Agent for K	ayaRoo Enterpris	es L.L.C.	
	Name of Lim	ited Liability Company	.
L19000238698			
Document No	umber, if known		
A copy of this resignation	on was mailed to the a	bove listed limited liability co	ompany at its last known address.
The agency is terminate	ed and the office disco	ntinued on the 31st day after the signature of Resigning Agent	the date on which this statement is filed
If signing on behalf of a	in entity;	Signature of Resigning Agent	
	Cheyenne Moseley		
		yped or Printed Name Inited States Corporation Age	nts, Inc.
		Capacity	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liability	npany // voluntarily dissolved/ 59

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