19000280481

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COVER LETTER

TO: Registration Se Division of Co	etion rporations		
	•		
SUBJECT: K R Hypr	Name of Lim		
	Name of Lim	iited Liability	Company
DOCUMENT NUMB	ER: L19000280481		
The enclosed Resignat for filing.	ion of Registered Agent f	or a Limited	Liability Company and fee are submitted
Please return all corres	pondence concerning this	s matter to th	e following:
United States Corpo	ration Agents, Inc.		
	Name of Person		
Legalzoom.com, Inc			
Nam	e of Firm/Company		
101 North Brand Blv	d. 11th Floor		
	Address		
Glendale, CA 91203			
City	State and Zip Code		
raresignations@lega	ilzoom.com		
E-mail address: (to be	used for future annual report i	notification)	
For further information	concerning this matter, p	olease call:	
	at	800	773-0888 Daytime Telephone Number
Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a check ma liability company or \$2 liability company.	de payable to the Florida 5.00 for an administrative	Department ely dissolved	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited

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 provisio	ns of section 605.011	5. Florida Statutes, the unders	igned,	
United States Corporation Agents, Inc.			, hereby resigns as	
	Name of Lin	ited Liability Company		···································
L19000280481				
Document Nu	imber, if known			
	d and the office disco	ntinued on the 31st day after t		
	Cheyenne Mose	ley		
	Ţ	yped or Printed Name		· <u>.</u>
	Asst. Secretary for U	Inited States Corporation Agen	nts, Inc.	• •
		Capacity		
				·
	<u>F</u> ILING	FEES:		• •
	\$ 85.00 \$ 25.00	Active limited liability com Administratively dissolved	ipany voluntarily dissolved/	<u> </u>

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

withdrawn limited liability company

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