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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: K.J. Ranch 2/C Name of Limited Liability Company
DOCUMENT NUMBER: <u>L 200000 46 899</u>
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:
Katie Beck Name of Person
Name of Firm/Company
2608 County Road 721 Address
Okechobe Fl. 34994 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kafie Beck at (863) 633-8981 Name of Person Area Code Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 6	605.0115, 1	Florida Statutes,	the undersi	gned,		
James E	Beck Name of Project	Tru	stee	, t	nereby resigr	is as	
Registered Agent for _	K.J.	Ranci	h, 210				
	Nan	ne of Limite	d Liability Company	<i>;</i>			
	46899 umber, if known						
A copy of this resignati	on was mailed	to the abo	ove listed limited	liability co	mpany at its	last known addr	ess.
The agency is terminate	ed and the office	ce disconti	inued on the 31st	day after tl	he date on w	hich this stateme	ent is filed.
	James	0 5 s	Signature of Resignin	Truste	<u>.e</u> _		
If signing on behalf of a	an entity:					SECR TALLA	
		Тур	ed or Printed Name			2024 APR 26 SECRETARY TALLAHASSE	
			Capacity			PH 6: 38	MO
	\$	ILING F 85.00 25.00	EES: Active limited li Administratively withdrawn limit	ability com dissolved/ ed liability	npany / voluntarily · company		

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