h20 0000 8 1841

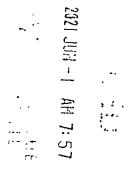
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasiness Enary Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
}

Office Use Only



900367229829

06/01/21--01035--009 *+25.00



O SIMMONE
JUL 07 2021

COVER LETTER

SUBJECT: Keith-Core Construction LLC		
Name of Limited Liability Company		
DOCUMENT NUMBER: L20000081841		
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)		
For further information concerning this matter, please call:		
800 \ 773-0888		
Name of Person at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 provisions of section	m 605.0115, Florida Statutes, the unde	ersigned.
United States Corporation A		
Name of Res	gistered Agent	, hereby resigns as
Registered Agent for Keith-Core	Construction LLC	232) JUH
,	Same of Limited Liability Company	-
L20000081841		
Document Number, if know	-11	
A copy of this resignation was mail	ed to the above fisted limited liability	
The agency is terminated and the of	Tice discontinued on the 31st day after	r the date on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of an entity:		
Cheyenr	ne Moseley	
	Typed or Printed Name	
Asst. Secre	etary for United States Corporation Age	ents, Inc.
	Capacity	

FILING FEES:

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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