L20000129617

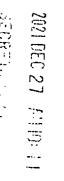
(Requestor's Name)
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COVER LETTER

SUBJECT: KBA Consulting LLC Name of Limited Liabili	y Company
DOCUMENT NUMBER: L20000129617	
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are submitted
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:	
at (773-0888 Daytime Telephone Number
Name of Person Area Cod	Daytime Telephone Number

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations

TO:

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 provision	s of section 605.0115, Florida Statutes, the unders	signed,	
United States Corporation Agents, Inc.		hereby resigns as	
	Name of Registered Agent	neredy resigns as	
Registered Agent for KE	BA Consulting LLC		_
	Name of Limited Liability Company		<u> </u>
L20000129617			
Document Nur	nber, if known		
A copy of this resignation	n was mailed to the above listed limited liability co	ompany at its last known addres	s.
The agency is terminated	and the office discontinued on the 31st day after	the date on which this statement	is filed
	Signature of Resigning Agent		
If signing on behalf of an entity:		2021 DEC SECRED TANKED	
	Cheyenne Moseley	C 27	- :
	Typed or Printed Name	•	
	Asst. Secretary for United States Corporation Ager	nts, Inc.	
	Capacity		~ 3

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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