La0000140453

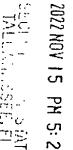
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiness Emily Hame)						
(Danish Alleria)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

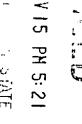


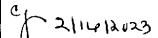


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COVER LETTER

KLING INVESTMENTS LLC Name of Limited Liability Company DOCUMENT NUMBER: L20000140453 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: Chelsea Chapman Name of Person Legalinc Corporate Services, INC. Name of Firm/Company 10601 Clarence Dr Ste 250 Address Frisco, TX 75033-3867 City/State and Zip Code ra@legalinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chelsea Chapman Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

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 605.01	15, Florida Statutes, the ur	ndersigned.			
Legaline Corporate Services, INC.			, hereby resigns as			
	Name of Registered Ag		<u> </u>			
Registered Agent for KI	ING INVESTMENT	'S LLC				
•						
	Name of Li	mited Liability Company				
L20000140453						
Document Nu	mber, if known					
A copy of this resignatio	n was mailed to the	above listed limited liabil	ity company at its la	st known ad	dress.	
The agency is terminated	d and the office disc	ontinued on the 31st day a	after the date on which	ch this stater	nent is	filed.
	Chels	Signature of Resigning Age	MOV)			
If signing on behalf of ar	n entity:			375 375	2022 NOV 15	
	Chelsea Chapman				8	أوال
		Typed or Printed Name		5		۰ ر
	On Behalf of Legali	nc Corporate Services, INC		.H.SS	G	i Lin 3
		Capacity		(A) =	PH	
				in c	PH 5: 2	
				L'A	21	
	FILINC ⊙ \$ 85.00 ⊙ \$ 25.00	G FEES: Active limited liability Administratively disso withdrawn limited lia	y company olved/ voluntarily di bility company	ssolved/		

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