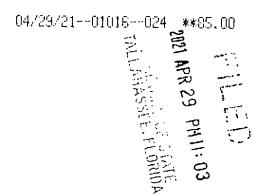
LZO UUD 213788

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

TO:	Registration Section Division of Corporations	
SUB	ECT: KINGSWAY CLEANING SERVICES, LLC. Name of Limited Liability	
D//	1 20000213788	
		
The e	nclosed Resignation of Registered Agent for a Limite ing.	d Liability Company and fee are submitted
Pleas	e return all correspondence concerning this matter to	the following:
KENT	KOHN	
	Name of Person	-
	Name of Firm/Company	-
27709	CYPRESS GLEN CT	
	Address	_
YALA	HA, FL 34797	
	City/State and Zip Code	-
KLK9	19@AOL.COM	
F	-mail address: (to be used for future annual report notification)	_
For fu	orther information concerning this matter, please call:	
KENT	Name of Person 262 Area Code	483-8468
	Name of Person Area Code	Daytime Telephone Number
Enclo liabili limite	sed is a check made payable to the Florida Departmenty company or \$25.00 for an administratively dissolved liability company.	nt of State for \$85.00 for an active limited ed. voluntarily dissolved or withdrawn

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	of section 605.0115, Florida Statutes, the under	signed.	
KENT KOHN		hereby resigns as	
	ime of Registered Agent	The congress with the constraint of the constrai	
Registered Agent for KING	SWAY CLEANING SERVICES, LLC.		
-	Name of Limited Liability Company		
1.20000213788			
Document Number	er, if known		
A copy of this resignation v	was mailed to the above listed limited liability c	ompany at its last known address.	
The agency is terminated ar	nd the office discontinued on the 31st day after	the date on which this statement is file	ed.
_	Ket Kuhn Signature of Resigning Agent	2021 TĂLL	
If signing on behalf of an er	ntity;	2021 APR 29 TÄLLAHASSE	
-	Typed or Printed Name		- - -
_	Capacity	PM II: 03 SF STATE SFLORIDA	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarity 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