KZ0000 318833

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





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2021 NOV -2 AH 10: 39
SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: C & K Essentials LLC	
Name of Limited Liz	ability Company
DOCUMENT NUMBER: L20000318833	·
The enclosed Resignation of Registered Agent for a Liftor filing.	mited Liability Company and fee are submitted
Please return all correspondence concerning this matter	r 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 notificat	tion)
For further information concerning this matter, please of	call:
at (_	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, F1, 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 provis	ions of section 605.0115. Florida Statutes, the	undersigned.	S. S
United States Cor	rporation Agents, Inc.	, hereby resigns as	FILE 2021 NOV -2 SECRETAR
	Name of Registered Agent	, hereby resigns as	
Registered Agent for	C & K Essentials LLC		
			SEE O
-	Name of Limited Liability Company		MIO: 39
L20000318833			
Document :	Number, if known		
	tion was mailed to the above listed limited liab ted and the office discontinued on the 31st day		
	Signature of Resigning A		us statement is filed.
If signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation	on Agents, 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