L20000382364

(Re	equestor's Name)	
(Ad	ldress)	
	ldress)	
(/ lu	idic33)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
	ŕ	•
(DC	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Opecial instructions to	i iiiig Olicei.	
II		İ

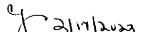
Office Use Only



500397725415

11/15/22--01037--003 **9435.00

1022 NOV 15 AM 7: 34
TALL/ LASSEE FL



COVER LETTER

KELLEY KLEEN LLC	
SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L20000382364	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Cheisea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legaline.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chelsea Chapman 844 at (386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	sions of section 605.0115, Florida Statutes, the	undersigned,	
Legaline Corporate Services, INC. Name of Registered Agent		, hereby resigns as	
	Name of Limited Liability Company		•
L20000382364			
Document	Number, if known		
A copy of this resign	ation was mailed to the above listed limited liab	ility company at its last known address.	
The agency is termin	ated and the office discontinued on the 31st day Signature of Resigning Age	20	filed.
If signing on behalf o	of an entity:	VOV	
	Chelsea Chapman	<u></u> 5	;
	Typed or Printed Name On Behalf of Legaline Corporate Services, INC Capacity	AM 7: 34	

FILING FEES:

© \$ 85.00 Active limited liability company

O \$ 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