

120000391399

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TALLAHASSEE, FL

2022 MAY 24 AM 9:59

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAZA SUPERMARKET LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000391399

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:

Max Salas

Name of Person

Migrative Inc.

Name of Firm/Company

8400 NW 36th St Ste 450

Address

Doral, FL 33166

City/State and Zip Code

info@migrative.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Max Salas

at (305) 3678827

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

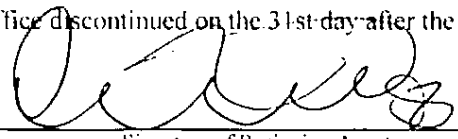
Migrative Inc _____, hereby resigns as
Name of Registered Agent

Registered Agent for _____
KAZA SUPERMARKET LLC
Name of Limited Liability Company

L20000391399
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

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:

Max Salas
Typed or Printed Name
CEO
Capacity

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2007 MAY 24 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FL

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