# L21000034924

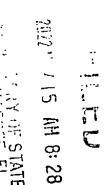
(Requestor's Name)  (Address)  (Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



200397726272

11/15/22--01037--001 \*\*5800.



### COVER LETTER

TO: Registration Section Division of Corporations

KELLOGGS POWER CLEANING LLC SUBJECT:	
Name of Limited Liabil	ity Company
DOCUMENT NUMBER: L21000034924	
The enclosed Resignation of Registered Agent for a Limi for filing.	ted Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Chelsea Chapman	
Name of Person	<del></del>
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 cal	<b>l</b> :
Chelsea Chapman 844 at (	386-0178
Name of Person Area Coo	de 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the	undersigned,
Legalinc Corporate Ser	vices, INC.	, hereby resigns as
	Name of Registered Agent	, nereby resigns as
Registered Agent for	KELLOGGS POWER CLEANING LLC	
	Name of Limited Liability Company	,
L21000034924		
Document l	Number, if known	
	tion was mailed to the above listed limited liable ted and the office discontinued on the 31st day.  Signature of Resigning A	y after the date on which this statement is filed.
If signing on behalf of	an entity:	
	Chelsea Chapman	
	Typed or Printed Name	
	On Behalf of Legaline Corporate Services, IN	C
	Capacity	22

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

O \$ 85.00 Active
O \$ 25.00 Admi

INHS17 (2/14)