

L21000036235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

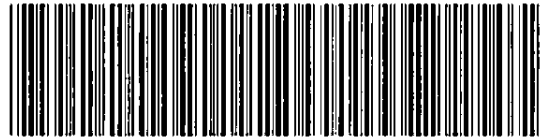
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800425203898

03/03/24 --01000--025 \*\*25.00

03/03/24 PM 3:04  
CLERK OF STATE  
TALLAHASSEE, FL

R. HUNT

0.3/CR/24

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KOMMERCEVOLT LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L21000036235

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:

Yvonne Lopez

Name of Person

PARACORP INCORPORATED

Name of Firm/Company

PO BOX 160568

Address

Sacramento, CA 95816

City/State and Zip Code

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

For further information concerning this matter, please call:

Yvonne Lopez

Name of Person

at ( 800 ) 533-7272

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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

PARACORP INCORPORATED

, hereby resigns as

Name of Registered Agent

Registered Agent for KOMMERCEVOLT LLC

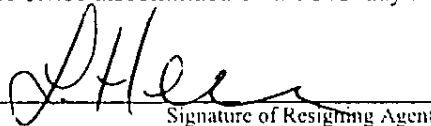
Name of Limited Liability Company

L21000036235

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:

Leticia Herrera

Typed or Printed Name

Asst. Secretary for Paracorp Incorporated

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

2024-03-08 PM 3:04  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL  
FILED