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#### **COVER LETTER**

SUBJECT:  Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L21000253909	
The enclosed Resignation of Registered Agent for a Limito for filing.	ed Liability Company and fee are s
Please return all correspondence concerning this matter to	the following:
Chelsea 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	386-0178  Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number

liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

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 provisio	ns of section 605.011	5, Florida Statutes, the under	signed,		
Legaline Corporate Servi	vices, INC, hereby resigns as				
	Name of Registered Age				
Registered Agent for V	KKC LLC				
	Name of Lin	nited Liability Company		<del></del> .	<del></del> -
L21000253909					
Document Nu	ımber, if known				
-		above listed limited liability continued on the 31st day after	-		
The agency is terminate	Our	ON MUMA Signature of Resigning Agent	<u>un</u>		
If signing on behalf of a	n entity:			ſ	F-5
	Chelsea Chapman				192
	Т	Typed or Printed Name			
	On Behalf of Legalin	c Corporate Services, INC.			£
	<del></del> -	Capacity		<i>1</i> ,3−<	122
	FILING © \$ 85.00 O \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liability	npany I/ voluntarily dissol <sup>,</sup> y company	)F STATE SEE. FL ved	14 AM 10: 35

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