

K21000300574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

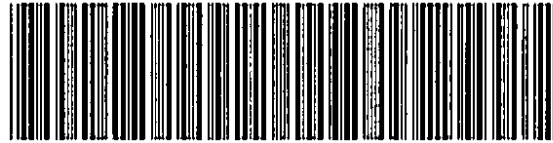
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KS & UA LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000359508- 421000300574

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:

ELINA LINDERMAN
Name of Person

LA RUSA LLC
Name of Firm/Company

2380 DREW ST STE 2
Address

CLEARWATER, FL 33765
City/State and Zip Code

INFO@LARUSATAX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELINA LINDERMAN at (813) 867-7111
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 NOV 17 AM 8:26

October 31, 2022

ELINA LINDERMAN
2380 DREW ST
STE 2
CLEARWATER, FL 33765

SUBJECT: KS & UA LLC
Ref. Number: L21000300574

We have received your document for KS & UA LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number is not right number for this Name please verify.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 122A00024414

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

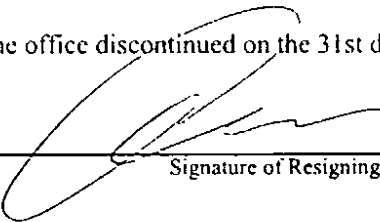
LA RUSA LLC, hereby resigns as
Name of Registered Agent

Registered Agent for KS & UA LLC
Name of Limited Liability Company

L21000300574
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:

ELINA LINDERMAN
Typed or Printed Name
MANAGING DIRECTOR
Capacity

2022 NOV 17 PM 2:58
FILED
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