La1000337885

(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:				
J. HORNE JUL - 1 2024				
JUL - 1 2024				

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: KVB Investments LLC	
Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L21000337885	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
United States Corporation Agents, Inc.	
Name of Person	-
Legalzoom.com, Inc.	
Name of Firm/Company	-
9900 Spectrum Dr.	
Address	-
Austin, TX 78717	
City/State and Zip Code	•
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED/AGENT STATEMENT OF RESIGNATION OF REGISTERED/AGENT STATEMENT OF A LIMITED LIABILITY COMPANY OF THE PROPERTY OF THE PROP

Pursuant to the provision	s of section 605.0115, Florida S	tatutes, the undersigned.	
United States Corpo		_	
Name of Registered Agent		, hereby resigns as	
Registered Agent for KV	B Investments LLC		
	Name of Limited Liability	Company	
L21000337885			
Document Nun	ber, if known		
		limited liability company at its last known address. the 31st day after the date on which this statement is filed.	1.
-	<i>C</i> u	Resigning Agent	
f signing on behalf of an	entity:		
	Cheyenne Moseley		
-	Typed or Printed	Name	
	Asst. Secretary for United States	Corporation Agents, Inc.	
*	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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