h21000375433

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

Office Use Only



400377027074

12/06/21--01014--008 **25.00

2021 DEC -6 AH 8: 37
SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT:	
	Name of Limited Liability	Company
DOC	UMENT NUMBER: L21000375433	
The e for fil	nclosed Resignation of Registered Agent for a Limiteding.	Liability Company and fee are submitted
Please	e return all correspondence concerning this matter to t	ne following:
Unite	ed States Corporation Agents, Inc.	
·	Name of Person	-
Lega	Izoom.com, Inc.	
	Name of Firm/Company	-
9900	Spectrum Dr.	
	Address	-
Aust	n, TX 78717	
	City/State and Zip Code	-
rares	signations@legalzoom.com	
E	-mail address: (to be used for future annual report notification)	-
For fi	orther information concerning this matter, please call:	
	800	773-0888 Daytime Telephone Number
	Name of Person Area Code	Daytime Telephone Number
Iiabil	sed is a check made payable to the Florida Departmenty company or \$25.00 for an administratively dissolventy company.	nt of State for \$85.00 for an active limited

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 FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ons of section 605.0115. Florida Statutes, the undersi	gned,		
United States Corp	poration Agents, Inc.	nereby resigns as	ر ع	
<u> </u>	Name of Registered Agent		SET SET	<u></u>
Registered Agent for	K Mining LLC		2021 DEC) () مستنت مستنت
			6	
	Name of Limited Liability Company		M 8: 31	ا اند
L21000375433			-17 W	
Document N	umber, if known		m	
	on was mailed to the above listed limited liability co			
The agency is terminate	ed and the office discontinued on the 31st day after t	me date on which t	this statement is the	a.
If signing on behalf of a	an entity:			
	Cheyenne Moseley			
	Typed or Printed Name			
	Asst. Secretary for United States Corporation Ager	nts, 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