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2024 SEP 18 PH12: 02 SECRETARY OF STATE TALLAHASSEF, EL

COVER LETTER

TO: Registration Section Division of Corporations					
Kozel Consulting LLC					
SUBJECT:	nited Liability	Company			
DOCUMENT NUMBER: L21000394316					
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitted			
Please return all correspondence concerning thi	s matter to th	e following:			
Brenna Lutter					
Name of Person					
Business Filings Incorporated					
Name of Firm/Company					
525 Junction Rd Ste 5000					
Address					
Madison, WI 53717					
City/State and Zip Code					
E-mail address: (to be used for future annual report	(notification)				
For further information concerning this matter,	please call:				
Brenna Lutter	608	827-5300			
Name of Person	Area Code	Daytime Telephone Number			
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administratiliability company.	a Department vely dissolved	of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited			
MAILING ADDRESS:	STREE	ET ADDRESS:			
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle				
LatianaSSCE, FL D4017	200112	Telegraphic Control			

Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	15. Florida Statutes, the under	rsigned.			
Business Filings Incorporated		hereby resigns as				
	Name of Registered Ago		t nereoy resigns as			
Registered Agent for	ozel Consulting L	LLC				_
	Name of Lin	nited Liability Company				
L21000394316						
Document Nu	mber, if known					
-		ontinued on the 31st day after Signature of Resigning Agent				
If signing on behalf of ar	entity:			<u>5</u>	202	
	Brenna Lutter			1V.	3S 1/	
		Typed or Printed Name for Business Filings Inco Capacity	orporated	LANASSEE. F	2024 SEP 18 PM12: 02	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily diss ty company	ATE solved/	02	

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