121000450412

(Requestor's Name)
(Address)
(//dd/033)
(Address)
(City/State/Zip/Phone #)
(Only Control E. P. Monto A.)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dasiness Entry Harre)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1 14
<u>'0'</u>

Office Use Only



600385742446

04/14/22--01005--018 **540.00 74774/22-01965-018-++468.90

LLC Resign. 2022 APR IL Ph. 22 APR II, PH I: 29

APR 1 4 2022 D COMMELL

COVER LETTER

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: 1.21000450412	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
Khais Duell	
Name of Person	-
Inner Value LLC	
Name of Firm/Company	-
915 67th St NW	
Address	-
Bradenton, FL, 34209	
City/State and Zip Code	-
unknown	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
info@inner-value.netat ()
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, F1, 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 60)5.0115, Florid	la Statutes, tl	ie undersigned			
Inner Value LLC	.LC, hereby re-						
-	Name of Register	red Agent					
Registered Agent for Ke	etoworld LLC						
	Name	e of Lamited Liab	ility Company			·	·
1.21000450412							
Document Nu	ımber, if known						
A copy of this resignation. The agency is terminate		e discontinued	\wedge	lay after the da		nis staten	nent is filed.
If signing on behalf of a	n entity:						e Ti
	Klaus Duell	•	1		· ·	(A)	
	Manager	Typed or P Capac	rinted Name				

FILING FEES: \$85.00 Active limited liability company \$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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