

h21000500740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

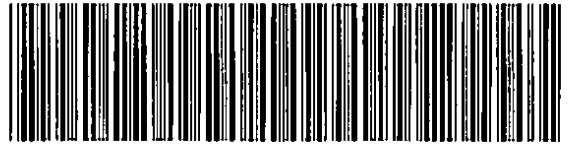
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
2022 JUL -1 AM 8:49

J DENNIS
OCT 06 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kayflo Properties LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L210005000740

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:

Adel Kayati

Name of Person

Kayflo Properties

Name of Firm/Company

12571 Hidden Gardens Lane

Address

Jacksonville, FL 32258

City/State and Zip Code

kaytexfoods@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adel Kayati

325

280-7631

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Ray Kayati

hereby resigns as

Name of Registered Agent

Registered Agent for Kayflo Properties LLC

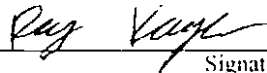
Name of Limited Liability Company

L21000500140

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:

Typed or Printed Name

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