

L22000036767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

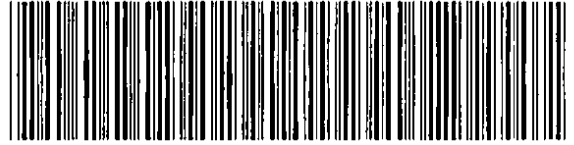
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SECRETARY OF STATE  
2023 JUL 25 PM 12:43



Florida Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: KENNINGTON SERVICES LLC - Document Number : L22000036767**

To Whom It May Concern:

Attached please find the executed Resignation of Registered for the above referenced.  
Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

**ZenBusiness Inc**  
**Attention: Ryan Potter**  
**336 E. College Ave, Suite 301**  
**Tallahassee, FL 32301**

If you have any questions, please feel free to contact me at 844-493-6249 or at  
ra@zenbusiness.com.

Thank you,  
Ryan Potter  
ZenBusiness Customer Success

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KENNINGTON SERVICES LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L22000036767

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:

Ryan Potter

\_\_\_\_\_  
Name of Person

ZenBusiness Inc.

\_\_\_\_\_  
Name of Firm/Company

336 E. College Ave. Suite 301

\_\_\_\_\_  
Address

Tallahassee, FL 32301

\_\_\_\_\_  
City/State and Zip Code

ra@zenbusiness.com

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

For further information concerning this matter, please call:

Ryan Potter

\_\_\_\_\_  
Name of Person

at ( 844 ) 493-6249  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

ZENBUSINESS INC.

hereby resigns as

Name of Registered Agent

Registered Agent for KENNINGTON SERVICES LLC

Name of Limited Liability Company

1.22000036767

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:

Khadijeh Hemmati

Typed or Printed Name

Secretary

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

INHS17 (2/14)

FILED  
SECRETARY OF STATE  
2023 JUL 25 PM 12:43