L22 0000 712 49

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





500428650505

04/30/24--01030--004 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Katie & Quinton Clements	LLC	
Name of Limited Liability	Company	
DOCUMENT NUMBER: L22000071249		
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 the	he following:	
United States Corporation Agents, Inc.		
Name of Person	-	
Legalzoom.com, Inc.		← 3
Name of Firm/Company	· Æ	(B) 1
9900 Spectrum Dr.	u .	
Address		6
Austin, TX 78717		, <u>;</u>
City/State and Zip Code		三是
raresignations@legalzoom.com		٠,
E-mail address: (to be used for future annual report notification)	,	
For further information concerning this matter, please call:		
800 at (773-0888	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the	undersigned.
United States Corp	poration Agents, Inc.	, hereby resigns as
	Name of Registered Agent	(,,
Registered Agent for _	Katie & Quinton Clements LLC	
	Name of Limited Liability Company	
L22000071249		
Document N	lumber, if known	
	ion was mailed to the above listed limited liabled and the office discontinued on the 31st day	oility company at its last known address. y after the date on which this statement is filed
	Signature of Resigning A	gent
If signing on behalf of	an entity:	* 71. \$7
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation	on Agents, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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