# L22000276415

(Re	equestor's Name)	
(Ad	ldress)	<del></del>
(Ad	ldress)	
(, ,2		
(Cit	ty/State/Zip/Phone	#)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
<b>(</b> = 1	,	,
(1)0	cument Number)	
Certified Copies	Certificates	of Status
Consist to an extension	F:12 - O#1	
Special Instructions to Filing Officer:		





100428650471

04/30/24--01030--001 \*\*25.00



### **COVER LETTER**

Division of Corporations		
SUBJECT: Kevlar Trades LLC		
Name of Limited Liabilit	y Company	
DOCUMENT NUMBER: L22000276415		
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are	submitted
Please return all correspondence concerning this matter to t	he following:	
United States Corporation Agents, Inc.		
Name of Person	_	73
Legalzoom.com, Inc.	1.5 1.5 1.6	
Name of Firm/Company	-	3
9900 Spectrum Dr.		<b>5</b>
Address	-	
Austin, TX 78717		17.
City/State and Zip Code	-	
raresignations@legalzoom.com		
E-mail address: (to be used for future annual report notification)	-	
For further information concerning this matter, please call:		
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the undersi	gned,
United States Corporation Agents, Inc. , hereby re		neruhy recions as
		reference resigns as
Registered Agent for	Kevlar Trades LLC	
	Name of Limited Liability Company	<del></del> ,
L22000276415		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed limited liability co	mpany at its last known address.
The agency is termina	ated and the office discontinued on the 31st day after the	ne date on which this statement is filed.
	Signature of Resigning Agent	——————————————————————————————————————
lfsigning on behalf o	f an entity:	
Cheyenne Moseley		
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agen	
	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