L22000 285 726

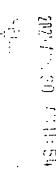
(Requestor's Name)		
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(Gilfiolate) Epit Helic III		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J Contractions to many officers		
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COVER LETTER

TO: Registration Section Division of Corporations

_{subject:} Kemilyn Kilty Kreations LL	₋ C	
Name of Limited Liability	Company	
DOCUMENT NUMBER: L22000285726		
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are	e submitted
Please return all correspondence concerning this matter to the	_	
United States Corporation Agents, Inc.		109 til 20
Name of Person	- 	- :
Legalzoom.com, Inc.	•	C)
Name of Firm/Company	-	- 15
9900 Spectrum Dr.		7
Address	-	=
Austin, TX 78717		
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 (800	773-0888	
Name of Person at (at 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ons of section 605.0115. Florida Statutes, the under	rsigned,	
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as	
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·	
L22000285726			
Document N	Sumber, if known		
	ion was mailed to the above listed limited liability of ed and the office discontinued on the 31st day after		
	Signature of Resigning Agent		
If signing on behalf of	an entity:	•	
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Age	ents, Inc.	
	Capacity		

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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