L22000 45H 39H

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

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Pahe Kalashle LLC			
Name of Limited Liability	y Company		
DOCUMENT NUMBER: L22000454394			
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are	e submitt	ted
Please return all correspondence concerning this matter to t	he following:		
United States Corporation Agents, Inc.			
Name of Person	_		
Legalzoom.com, Inc.			
Name of Firm/Company	-		
9900 Spectrum Dr.			
Address	-		
Austin, TX 78717	77 738	2024	
City/State and Zip Code		2024 JUN 2	: ;
raresignations@legalzoom.com	美数	2	:
E-mail address: (to be used for future annual report notification)	- - -		
For further information concerning this matter, please call:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	9: 1,9	
800 at (773-0888	و	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:	s of section 605.0115, Florida Sta	tutes, the undersigned,	
United States Corporation Agents, Inc.		, hereby resigns	s as
	Name of Registered Agent	(, 4.5
Registered Agent for Pa	he Kalashle LLC		
	Name of Limited Liability Co	ompany	·
L22000454394			
Document Nun	nber, if known		
A copy of this resignation	n was mailed to the above listed lin	mited liability company at its	last known address.
The agency is terminated	and the office discontinued on the	e 31st day after the date on wh	nich this statement is filed.
	Crik Tree	dlein	
•	Signature of R	esigning Agent	2021 SE
If signing on behalf of an	entity:		2021 JUH 21 SECRETAR TALLAH
	Erik Treutlein		<u> </u>
•	Typed or Printed ?	Vame	
	Vice President for United States C	Corporation Agents, Inc.	The same
•	Capacity		MA 9: 149

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