L22000412144

(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 Filing Officer:				
J. HORNE JUL - 1 2024				

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COVER LETTER

SUBJECT: KupZone LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L22000472644
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:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
9900 Spectrum Dr.
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:
800 773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

Division of Corporations

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 provi	sions of section 605.0115, Florida Statutes, the u	indersigned.	(U2)
	prporation Agents, Inc.		1024 17 30 17
Name of Registered Agent		, hereby resigns as	1,
Registered Agent for	KupZone LLC		
	Name of Limited Liability Company		 ,
L22000472644			
Document	A1 8 551		
	Number, if known		
A copy of this resign	ation was mailed to the above listed limited liabil ated and the office discontinued on the 31st day a	after the date on which this	
A copy of this resign	ation was mailed to the above listed limited liabil ated and the office discontinued on the 31st day a Signature of Resigning Age	after the date on which this	
A copy of this resign. The agency is termin.	ation was mailed to the above listed limited liabil ated and the office discontinued on the 31st day a Signature of Resigning Age	after the date on which this	
A copy of this resign. The agency is termin.	ation was mailed to the above listed limited liabil ated and the office discontinued on the 31st day a Signature of Resigning Age of an entity:	after the date on which this	
A copy of this resign. The agency is termin.	ation was mailed to the above listed limited liabil ated and the office discontinued on the 31st day a Signature of Resigning Age of an entity: Cheyenne Moseley	after the date on which this	

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