L22000526941

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Centified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
	J DEN		
	667 1 3	, <u>1</u> 0113	

Office Use Only



300415965913

09/22/28--01003--004 **2955.00

COVER LETTER

TO:	Registration Section Division of Corporations	*
SUBJ	KELSON TRADING GROUP LLC ECT:Name of Limited Liability	Company
DOCU	UMENT NUMBER: 1,22000526941	Company
	nclosed Resignation of Registered Agent for a Limited	d Liability Company and fee are submitted
Please	return all correspondence concerning this matter to the	he following:
Travis (Crabtree	
	Name of Person	
LEGAI	LCORP SOLUTIONS, LLC	
	Name of Firm/Company	•
3 Green	nway Plaza #1320	
	Address	
Housto	n. TX 77046	
	City/State and Zip Code	
kelsonj	amie@gmail.com	
E-	-mail address: (to be used for future annual report notification)	-
For fu	rther information concerning this matter, please call:	
LegalC	Corp Solutions, LLC 888 at (534-3018 Daytime Telephone Number
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHS17 (2/14)

\$ 85.00

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the und	lersigned.
LegalCorp Solutions, I	s. LLC , hereby resigns as	
	Name of Registered Agent	
Registered Agent for	KELSON TRADING GROUP LLC	
	Name of Limited Liability Company	
1.22000526941		
Documen	t Number, if known	
	ation was mailed to the above listed limited liabilit	
	Signature of Resigning Agent	F
If signing on behalf of	of an entity:	
	Travis Crabtree	22 ARY
	Typed or Printed Name	PH 12:
	Member	
	Capacity	₩## - 6

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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