L23 600/01264

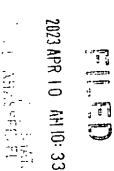
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Confidence Confidence of Status					
Certified Copies Certificates of Status					
Special Instructions to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

TO: Registration Section
Division of Corporations

SUBJECT: KHEN de Luxe LLC			
Name of Limited Liability	y Company	-	
DOCUMENT NUMBER: L23000107264		-	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee a	re 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	· =:-	2023	. nr fl
City/State and Zip Code	- : :	APR	ومعدد
raresignations@legalzoom.com	ģ.	10	- F
E-mail address: (to be used for future annual report notification)	- (?)	三 三	ن د ر ر حمه
For further information concerning this matter, please call:	T.	2023 APR 10 AM 10: 33	
at (773-0888	ှ ယ	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ons of section 605.0115, Florida Statu	ites, the undersigned,			
United States Corporation Agents, Inc.		, hereby resigns	as		
	Name of Registered Agent				
Registered Agent for _	KHEN de Luxe LLC				
	Name of Limited Liability Con	npany			
L23000107264					
Document ?	lumber, if known				
A copy of this resignat	ion was mailed to the above listed lim	ited liability company at its la	ısı known ad	ldress.	
The agency is terminat	ed and the office discontinued on the	(ch this stater	ment is	filed.
If signing on behalf of	an entity:				
	Cheyenne Moseley		Ī	2023	
	Typed or Printed Na	ime		ΑPF	7
	Asst. Secretary for United States Co	orporation Agents, Inc.	<u></u>	~	وعالت
	Capacity FILING FEES:		ARASSER, FL	2023 APR 10 AH 10: 33	
	\$ 85.00 Active limite	d liability company vely dissolved/ voluntarily di	ssolved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn limited liability company