623000202700

(Requestor's Name)					
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(City/State/Zip/Phone #)					
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COVER LETTER

SUBJECT: KOLD LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000202700 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: Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, t	the undersigned.			
United States Corporation Agents, Inc.			e		
	Name of Registered Agent	, hereby resigns as	,		
Registered Agent for K	OLD LLC				
<u></u>	Name of Limited Liability Company				_,
L23000202700					
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the above listed limited	liability company at its las	t known a	ddress	
The agency is terminated If signing on behalf of a	and the office discontinued on the 31st and the office discontinued on the 31st and		i this state		s filed
ir signing on ochan or a	•		<u> 2.2.</u>		
	Cheyenne Moseley Typed or Printed Name		> 5		,
	Asst. Secretary for United States Corpora	ation Agents, Inc.	HA FR	<u>co</u>	Ţ
	Capacity		ARY OF STATE AHASSEE, FL	@\$\#77731 P M12: 48	
	FILING FEES: \$ 85.00 Active limited lia \$ 25.00 Administratively withdrawn limite	bility company dissolved/ voluntarily diss d liability company	solved/		

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