# L23000371288

(Requestor's Name)	<del>-</del>
(Address)	
(Address)	
(City/State/Zip/Phone )	<del>/</del> )
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
Certified Copies Certificates o	of Status
Special Instructions to Filing Officer:	

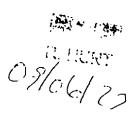
Office Use Only



900414794469

09/06/23--01026--013 \*\*170.00

2023 SEP -6 PM I2: 40



### COVER LETTER .

**TO:** Registration Section Division of Corporations

KT23 BASKETBALL CONSULTANT SERVICES LLO SUBJECT:		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L23000371288	<del></del>	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are sub	mitted
Please return all correspondence concerning this matter to the	ne following:	
Travis Crabtree		
Name of Person		
LEGALCORP SOLUTIONS, LLC		
Name of Firm/Company		
3 Greenway Plaza #1320	202	
Address	2023 SEF	NOW CLO
Houston, TX 77046	רי ו ס	
City/State and Zip Code	-	ت الله عادة
kimrossitaylorsbasketballcamp@gmail.com		5 7:1
E-mail address: (to be used for future annual report notification)	. c	o : i
For further information concerning this matter, please call:		
LegalCorp Solutions, LLC 888 at (	534-3018	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115	5, Florida Statutes, the und	dersigned,	
LegalCorp Solutions, LI	.C		, hereby resigns as	
	Name of Registered Ager			
Registered Agent for _	KT23 Basketball Consult	tant Services LLC		
	Name of Lim	ited Liability Company		
1.23000371288				
Document N	dumber, if known	<del></del>		
A copy of this resignat	ion was mailed to the a	bove listed limited liabilit	ty company at its last known	address.
The agency is terminat	ed and the office disco	ntinued on the 31st day af	ter the date on which this sta	itement is filed
		Signature of Resigning Agen	t	
If signing on behalf of	an entity:			
	Travis Crabtree			
	T	yped or Printed Name		
	Member			No. 13
		Capacity		2123 SEP -6
	<b>FILING</b> \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company lved/ voluntarily dissolved/ pility company	Safaran 6 PHI2:

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