

**L2300047497**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000349545 3)))



H240003495453ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : INCFILE.COM LLC  
Account Number : I20220000070  
Phone : (888)462-3453  
Fax Number : (877)919-2613

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: EFILE1234@INCFILE.COM

DECLINED

2024 OCT 18 PM 4:19

DIVISION OF CORPORATIONS  
FLORIDA  
TALLAHASSEE

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 OCT 18 AM 9:15

FILED

**LLC REGISTERED AGENT RESIGNATION**  
**KHRIS BUCK LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

**T. LEMIEUX**

**OCT 21 2024**

Help

Electronic Filing Menu

Corporate Filing Menu

(((H24000349545 3)))

**COVER LETTER**

(((H24000349545 3)))

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KHRIS BUCK LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L23000474979

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:

Lovette Dobson

\_\_\_\_\_  
Name of Person

Incfile.com LLC

\_\_\_\_\_  
Name of Firm/Company

17350 State Hwy 249 Ste 220

\_\_\_\_\_  
Address

Houston, TX 77064

\_\_\_\_\_  
City/State and Zip Code

EFILE1234@INCFILE.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lovette Dobson

\_\_\_\_\_  
Name of Person

at ( 888 )

Area Code

462-3453

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

(((H24000349545 3)))

(((H24000349545 3)))

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

REPUBLIC REGISTERED AGENT LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for KHRIS BUCK LLC

Name of Limited Liability Company

L23000474979

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

*Lovette Dobson*

Signature of Resigning Agent

If signing on behalf of an entity:

Lovette Dobson

Typed or Printed Name

Director of Operations

Capacity

**FILED**  
**2024 OCT 18 AM 9:15**  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

### **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**

INHS17 (2/14)

(((H24000349545 3)))