L24000149376

(Requestor's Name)				
(Address)				
(//dd/c55)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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JAN 15 S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations

_{subject:} Solutions by KC Perin LL0	
Name of Limited Liability	Company
DOCUMENT NUMBER: L24000149376	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he 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:	
at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, Flo	rida Statutes, the undersigned,	
United States Cor	poration Agents, Inc.	, hereby resig	ne ac
	Name of Registered Agent		,113 d3
Registered Agent for	Solutions by KC Perin L	LC	
	Name of Limited Li	ability Company	 ,
L24000149376			
Document N	lumber, if known		
A copy of this resignat	ion was mailed to the above	listed limited liability company at it	s last known address.
The agency is terminat	ed and the office discontinue	ed on the 31st day after the date on v	which this statement is filed
	Crip To	reitlein	
		iture of Resigning Agent	66
If signing on behalf of	an entity:		
	Erik Treutlein		€
	Typed or	Printed Name	5
	Vice President on behalf of Ur	nited States Corporation Agents, Inc.	• 2
	Сар	eacity	·
			~ r:

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES: \$ 85.00 Active \$ 25.00 Admir