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(Re	equestor's Name)			
(Ad	ldress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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FILED
17 JUN 27 PM 3: 40
DIVISION OF CORFONATIONS

> SIMMONS JUN 2 9 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KPMG CONSULTING, LLC Name of Limited Liability Company
DOCUMENT NUMBER: M0000000129
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:
ROBIN MOLT
Name of Person
CORPORATION SERVICE COMPANY
Name of Firm/Company
80 STATE STREET
Address
ALBANY NY 12207
City/State and Zip Code
RMOLT@CSCGLOBAL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROBIN MOLT518433-7018
ROBIN MOLT at (518 Area Code Daytime Telephone Number 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS:

Registration Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 603.0113, Florida Statutes, t	ne undersigned,		
LEXIS DOCUMEN	IT SERVICES INC	, hereby resigns as		
	Name of Registered Agent	,,,,		
Registered Agent for _	KPMG CONSULTING, LLC			
	Name of Limited Liability Company		,	
M0000000129				
Document N	lumber, if known			
	ion was mailed to the above listed limited l			
The agency is terminat	ed and the office discontinued on the 31st	day after the date on which this stat		1.
	Signature of Resigning	g Agent	17 JUN 27 PH 3: 40 DIVISION OF CORPORATIONS	FE
If signing on behalf of	an entity:		7 1	m
	ROBIN MOLT		PH 3	Ö
	Typed or Printed Name		3: 40	
	ASST SECRETARY		ONS O	

Capacity

FILING FEES: \$ 85.00 Active \$ 25.00 Admin Active limited liability company
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