# M90000 2194

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

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SECRETARY OF STATE

APP 15



### Resignation of Registered Agent for a Foreign Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 . Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE:

6/21/2011

STATE:

FLORIDA

**REP UNIT:** 

KBR FEDERAL SERVICES, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Foreign Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 21653 in the amount of \$85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.



#### **COVER LETTER**

SUBJECT: KBR FEDERAL SERVICES, LLC  Name of Limited Liability Company
DOCUMENT NUMBER: M0900002194
DOCUMENT NUMBER: MOSOGGOZ 194
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:
Rhonda Maybin
Name of Person
Capitol Services Registered Agent Department Name of Firm/Company
800 Brazos, Suite 400 Address
Austin, Texas 78701  City/State and Zip Code
rmaybin@capitolservices.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rhonda Maybin  at ( 800 ) 345-4647  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Amendment Section Division of Corporations

TO:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2)	2) or 608.509, Florida Stan	utes, the undersigned,	
Capitol Corporate Serv	vices. Inc.	, hereby resigns as	
Name of Registered Agen		, incredy resigns us	
Registered Agent for			
	RAL SERVICES,	II C	
	ited Liability Company		<u></u> ,
M0900002194	<u>.</u>		
Document Number, if known			
A copy of this resignation was mailed to the al	bove listed limited liability	company at its last known	address.
The agency is terminated and the office discon	ntinued on the 31st day afte	r the date on which this sta	ntement is filed.
Chlere	Menature of Resigning Agent	<b>a</b>	
If signing on behalf of an entity:			
Cł	heryl Roberts		₹s _
Ту	ped or Printed Name		E
	President		
	Capacity		AR SS
			JUN 24 PH 12: CRETARY OF STA AHASSEE, FLOR
			FS
W NG	ene a d		SZ ::
FILING 1 \$ 85.00	Active limited liability co	ompany	
\$ 25.00	Administratively dissolve withdrawn limited liability	ed/ voluntarily dissolved/	

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