

| (Requestor's Name)                      |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
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| (1001033)                               |  |  |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| • •                                     |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| (Bocament Number)                       |  |  |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |  |  |
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Office Use Only



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

| Pursuant to the provision | ons of section 605.011                | 5, Florida     | Statutes, the un  | dersigned,                                    |                            |           |       |
|---------------------------|---------------------------------------|----------------|---|---|----------------------------|-----------|-------|
| Eric M. Sauerberg,        | , Esq.                                |                |   | , hereby resign                               | ns as                      |           |       |
|                           | Name of Registered Age                | nt             |   | ,,  | 10 40                      |           |       |
| Registered Agent for      | KICVenta                              | rres,          | LLC   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,        |                            |           |       |
|                           | Name of Lin                           | nited Liabilit | у Сопірану  |   |                            | ,         |       |
| M140000028                |                                       |                |   |   |                            |           |       |
| Document N                | lumber, if known                      |                |   |   |                            |           |       |
| A copy of this resignati  | ion was mailed to the                 | above liste    | d limited liabili                                       | ty company at its                             | s last known ade           | dress.    |       |
| The agency is terminate   | ed and the office disco               | ontinued or    | the 31st day al   | fier the date on w                            | hich this staten           | nent is f | iled. |
|                           | <u> </u>                              | _/             |   |   |                            |           |       |
|                           |                                       | Signature      | of Resigning Agen                                       | ıl  |                            |           |       |
| If signing on behalf of a | an entity:                            |                |   |   | TXIEL.                     | 17 00     |       |
|                           | 1                                     | Typed or Prin  | ted Name  | <del></del>                                   | ALASSA<br>ALASSA<br>ALASSA | OT 18     | =     |
|                           |                                       | Capacity       |   |   |                            | PH 2: 5   | ED    |
|                           | <u>FILING</u><br>\$ 85.00<br>\$ 25.00 | Active l       | imited liabitity<br>stratively disso<br>wn limited liab | company<br>lvcd/ voluntarily<br>ility company | dissolved/                 | 56        |       |

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