

M19000002665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

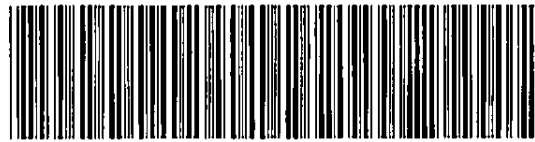
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800463560798

2006 MAR -9 AM 11:30
STATE OF MICHIGAN
SECRETARY OF STATE

FILED

2006 MAR -9 PM 3:04
RECEIVED
STATE OF MICHIGAN
SECRETARY OF STATE



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 03/09/26
Order #: 5487052-7
Re: Krash LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Agent Resignation
Amount to be deducted from our State Account: \$85.00 - FL State Account Number:
120000000195

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the 'Special Instructions' field.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

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

CORPORATION SERVICE COMPANY _____, hereby resigns as

Name of Registered Agent

Registered Agent for Krash LLC


Name of Limited Liability Company

M19000002665

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.



Signature of Resigning Agent

If signing on behalf of an entity:

BY JEANNETTE JONES

Typed or Printed Name

ASST. VICE PRESIDENT

Capacity

2026 MAR -9 AM 11:30
DEPARTMENT OF STATE
CORPORATIONS

FILED

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withdrawn limited liability company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**

AGRES-472121