## M20000004344

(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



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 11/1	1/2020		
Name:N	lerritt Walker	<u>.</u>	
Reference #:	1286966		
Entity Name:	KMS HOM	E RENOVATORS LLC	<u> </u>
Articles of li	ncorporation/Authoriza	tion to Transact Business	
Amendmen			
Change of A	Agent		
Reinstatem	ent		
Conversion			
☐ Merger			
✓ Dissolution/	Withdrawal		
Fictitious Na	ame		
Other			
Authorized Amount	:\$25		
Signature:	sus)		



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Account#: I20000000088

Date:	11/11/2020	<b></b> ,	
Name:_	Merritt Wall	ker	
Referer	nce #: <b>12869</b>	66	
Entity N	lame: KM	S HOME REI	NOVATORS LLC
	Articles of Incorporation/	Authorization to <sup>-</sup>	Transact Business
	Change of Agent		
<u></u>	Reinstatement		
	Conversion		
	Merger		
<b>7</b>	Dissolution/Withdrawal		
□ F	Fictitious Name		
	Other		
Authoria	zed Amount:	\$25	<u> </u>
Signatu	re:	uw	<del></del>

F: 800.944.6607

## **COVER LETTER**

TO: Registration Division of	Section Corporations			
SUBJECT:	KMS Home	Renovators	LLC	
	(Name of Fore	ign Limited Liability C	Company)	
Dear Sir or Madam:				
The enclosed withdra	wal and fee(s) are submitted	for filing.		
Please return all corre	espondence concerning this r	natter to the following:		
	(Name of Person)			
KMS En	(Firm/Company)			
	(Firm/Company)			
5225 E.	Pima St			
	(Address)			
Tucsa	M, Az 85712 (City/State and Zip Code			
For further information	on concerning this matter, plo	rase call		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and the second s	vaso cuii.		
Wendy ]	rush	at ( <u>520</u> )	<u>612-1541</u>	
l(Na	me of Person)	(Area Code & I	Daytime Telephone Number)	
STREET/C	OURIER ADDRESS:	MAIL	ING ADDRESS:	
Registration Section		Registration Section		
Division of Clifton Build	Corporations		n of Corporations	
	ing ive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
	Florida 32301	7 8 11 3 11 3	3300, 1 1011da 32314	
Enclosed is a check t	for the following amount:			
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Kms Home Renovators LLC (Name of limited liability company)			
(Name of limited liability company)			
Arizona			
(Jurisdiction of its organization)	<u> </u>		
05/08/2020			
(Date registered with Florida Department of State)			
M2000004364			
(Florida Document Number)			
This limited liability company is withdrawing its certificate of authority in th	is state.		
Effective Date, if other than the date of filing:	date of fili filing requ	ireme	
ans date will not be listed as the document's effective date of the exeparation	it of State :	reco	Cis.
Stiller		21	
(Signature of authorized representative)	• •	)20 N	-
Kyle Mokhtanan (Typed or printed name of signee)		0V 12	
(Typed or printed name of signee)	فياز	A	
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Filing Fee: \$25.00