## MZO 000009354

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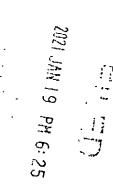


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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Kristopher Homebuilders LLC	
Name of Limited Liability (	Company
DOCUMENT NUMBER: M20000009354	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Carly Newman	
Name of Person	
Hayes & Newman, PL	
Name of Firm/Company	
830 Lucerne Terrace	
Address	
Orlando, FL 32801	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Carly M. Newman 407 at ( )	649-9974
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:** 

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provision	ons of section 605.011	5. Florida Statutes, the	undersigned,		
Hayes & Newman, PL			hereby resigns as		
	Name of Registered Age	ent			
Registered Agent for _	Kristopher Homebuild	ers LLC			-
	Name of Lin	nited Liability Company		<u> </u>	_^
M20000009354					
Document N	Sumber, if known	- <del></del>			
A copy of this resignat	ion was mailed to the	above listed limited liab	oility company at its la	st known address.	
The agency is terminat	ed and the office disco	ontinued on the 31st day	after the date on whic	ch this statement i	s filed.
	/c/Carly N				
		Signature of Resigning A	gent		
If signing on behalf of	an entity:			202	
	Carly M. Newman			2021 JAN 19	ų,
		Typed or Printed Name		<b>Z</b>	16.3 18.3
	Partner			ف الله	
		Capacity		2	(1)
				ق ق	ز ن
				25	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabil Administratively dis withdrawn limited l	ity company solved/ voluntarily di iability company		

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