## 1132000004315

(Requestor's Name)
(Address)
(Addison)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
HODNE
J. HORNE
JUL 12 2024

Office Use Only



700431133677

09 12:01--01025--014 \*\*25.00

## **COVER LETTER**

SUBJECT: Kameli Cares Inc.  (Name of Corporation)	
(Name of Corporation)	
DOCUMENT NUMBER: N22000004378	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing	•
Please return all correspondence concerning this matter to the following:	
United States Corporation Agents, Inc.  (Name of Person)	
Legalzoom.com, Inc.  (Name of Firm/Company)	
9900 Spectrum Dr.	
Austin, TX 78717 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (800) 773-0888 (Area Code & Daytime Telephone Number)	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION



Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, United States Corporation Agents, Inc.

(Name of Registered Agent)

Hereby resigns as Registered Agent for Kameli Cares Inc.

(Name of Corporation)

N22000004378

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

Erik Treutlein

(Typed or Printed Name)

Vice President for United States Corporation Agents, Inc.

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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