

P19000088058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

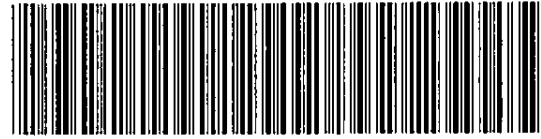
(Business Entity Name)

(Document Number)

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FILED

2024 MAR 18 AM 8:31

TALLAHASSEE, FLORIDA

RECEIVED

2024 MAR 18 AM 11:27

TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 356773 8323810

AUTHORIZATION :

COST LIMIT :

*[Handwritten Signature]*  
~~\$ 85.50~~ 35.00

ORDER DATE : March 7, 2024

ORDER TIME : 3:49 PM

ORDER NO. : 356773-020

CUSTOMER NO: 8323810

*RA Resignation*  
~~ANNUAL REPORT FILING~~

NAME: KYLED MIAMI INC.

\_\_\_\_\_ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Unassigned-EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KYLED MIAMI INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P19000088058  
\_\_\_\_\_

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:

RESIGNATION DEPARTMENT  
\_\_\_\_\_  
(Name of Person)

CORPORATION SERVICE COMPANY  
\_\_\_\_\_  
(Name of Firm/Company)

251 LITTLE FALLS DRIVE  
\_\_\_\_\_  
(Address)

WILMINGTON, DE 19808  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

RESIGNATION DEPARTMENT \_\_\_\_\_ at (800 \_\_\_\_\_) 927-9801  
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, CORPORATION SERVICE COMPANY

(Name of Registered Agent)

hereby resigns as Registered Agent for KYLED MIAMI INC.

(Name of Corporation)

P19000088058

(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.

*Shauna Godbolt*

(Signature of Resigning Agent)

If signing on behalf of an entity:

BY SHIAUNA GODBOLT

(Typed or Printed Name)

VICE PRESIDENT

(Capacity)

2024 MAR 18 AM 8:31  
TALLAHASSEE, FLORIDA

FILED

**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**