# P22000076416

(Requestor's Name)	
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(Audiess)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	ıL.
(Business Entity Name)	
(Document Number)	
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### COVER LETTER

TO: Amendment Section Division of Corporations	
KOS CONSTRUCTION INC	<del></del>
(Name of Corporat	ion)
DOCUMENT NUMBER:_P22000076416	
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Travis Crabtree	
(Name of Person)	-
LEGALCORP SOLUTIONS, L.L.C	
(Name of Firm/Company)	•
3 Greenway Plaza #1320	
(Address)	-
Houston, TX 77046	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
LegalCorp Solutions, LLC 888 at (	534-3018
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

K \$35.00

## 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, LEG	GALCORP SOLUTIONS, LEC
Trortae statutes, the undersigned.	(Name of Registered Agent)
hereby resigns as Registered Agent for	KOS CONSTRUCTION INC
nereby resigns as registered Agent for	(Name of Corporation)
P22000076416	
(Document Number, if known)	<del></del>
A copy of this resignation was mailed	to the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which
(S	Signature of Resigning Agent)
If signing on behalf of an entity:	
Travis Crabtree	(Typed or Printed Name)
	(Typed or Printed Name)
Member	P
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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