

L14000179567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

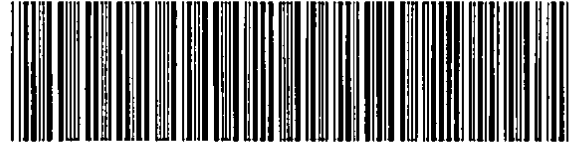
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kaynar Capital Investment USA LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000179567

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clemens Pauly

Name of Person

Pauly P.A.

Name of Firm/Company

815 Ponce de Leon Blvd

Address

Coral Gables, FL 33134

City/State and Zip Code

pauly@cpauly.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clemens Pauly

Name of Person

at (

305

Area Code

967-6900

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

PAULY P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for KAYNAR CAPITAL INVESTMENT USA LLC

Name of Limited Liability Company

L14000179567

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

CLEMENS PAULY

Typed or Printed Name

DIRECTOR

Capacity

FILED
2022 MAY -7 AM 8:25
TALLAHASSEE, FL
SECRETARY OF STATE

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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