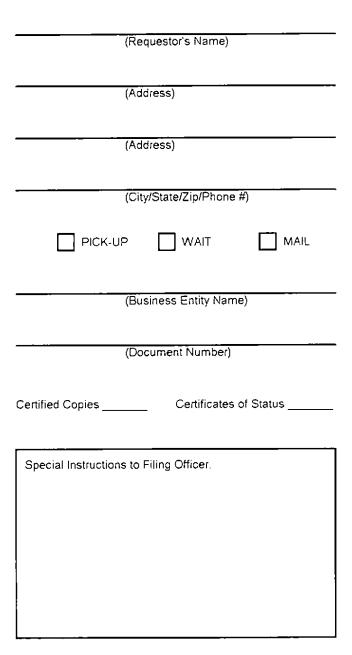
# L17000078493



Office Use Only



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## **COVER LETTER**

SUBJECT: KirbySam, LLC				
Name of Limited Liability Company				
DOCUMENT NUMBER: L17000078493				
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:				
United States Corporation Agents, Inc.				
Name of Person				
Legalzoom.com, Inc.				
Name of Firm/Company				
9900 Spectrum Dr.				
Address				
Austin, TX 78717				
City/State and Zip Code				
raresignations@legalzoom.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (800 ) 773-0888  Area Code Daytime Telephone Number				
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provi	sions of section 605.0115. Florida Statutes,	the undersigned,	
United States Co	haraby racions as	, hereby resigns as	
Name of Registered Agent			
Registered Agent for	KirbySam, LLC		
	Name of Limited Liability Compan	у	,
L17000078493			
Documen	Number, if known		
A copy of this resign	ation was mailed to the above listed limited	l liability company at its last k	nown address.
i ne agency is termin	ated and the office discontinued on the 31st		
If signing on behalf c	fan entity:		23 0
	Cheyenne Moseley		2023 CCT :: I
	Typed or Printed Name		13
	Asst. Secretary for United States Corpo	ration Agents, Inc.	B
	Capacity		կ։ 05
	FILING FEES: \$ 85.00 Active limited li \$ 25.00 Administratively	ability company dissolved/voluntarily dissol	ved/

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company