# L2100277937

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	—	_
PICK-U	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer	
Special instructions	s to r imig Officer.	

Burney .





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HALLAHASSEE, FLORIDA

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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: KYEI I Niest ments LIC Name of Limited Liability Company
DOCUMENT NUMBER: 1 2 (000 277937
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:
Eddron Thompson Name of Person
Name of Firm/Company
3136 Brodge ford Dr Address
OV and Fl 32812 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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 605.01	15, Florida Statutes, the undersi	gned.			
Eddron Thompson Name of Registered Ag	,1	nereby resigns as			
Registered Agent for KyET	Investments	LLC			
Name of Li	mited Liability Company			_	,
L21000277937  Document Number, if known					
A copy of this resignation was mailed to the	above listed limited liability co	mpany at its last	known a	ddress.	
The agency is terminated and the office disc	ontinued on the 31st day after the	ne date on which	this state	ement is	filed.
If signing on behalf of an entity:	Signature of Resigning Agent		7)	2022 AUG	~1
it signing on behalf of an entry.				<u>।</u> ।	•
	Typed or Printed Name			PH	+,
	Capacity		=1:	$\ddot{\sim}$	الخيسن

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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