

L21 000 411 924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

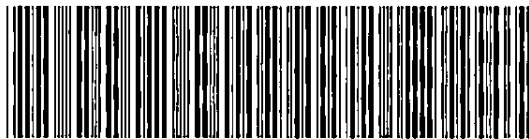
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FILED  
24 JUN 13 AM 4:50  
U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535



1883 W. Royal Hunte Dr.  
Ste 200  
Cedar City, UT 84720

Courtney Villanueva  
Resignation Specialist  
courtney@mainstreetbusiness.com  
Phone 435-288-0922 ext. 2026

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

May 20, 2024

*Re: Registered Agent Resignation*

Florida Secretary of State

Effective immediately, please file my resignation as Registered Agent for **Keowee Foundation, LLC** (L22000421177), **Karbyn Company, LLC** (L21000411924).

Copies of these resignations were mailed to the above listed limited liability companies at their last known address.

If you find the enclosed documents acceptable, please note your acknowledgment of receipt on the copies and return them to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

Courtney Villanueva  
Resignation Specialist

**MAIN STREET BUSINESS SERVICES, LLC**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Karbyn Company, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L21000411924

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:

Courtney Villanueva

\_\_\_\_\_  
Name of Person

Main Street Business Services, LLC

\_\_\_\_\_  
Name of Firm/Company

1883 W Royal Hunt Dr Ste 200

\_\_\_\_\_  
Address

Cedar City, UT 84720

\_\_\_\_\_  
City/State and Zip Code

courtney@mainstreetbusiness.com

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

For further information concerning this matter, please call:

Courtney Villanueva

435

288-0922 ext 2026

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 605.0115, Florida Statutes, the undersigned,

Registered Agent Solutions, Inc.

hereby resigns as

Name of Registered Agent

Registered Agent for Karbyn Company, LLC

Name of Limited Liability Company

L21000411924

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:

JOSE MOJICA, Registered Agent Solutions, Inc.

Typed or Printed Name

ASST. SECY.

Capacity

FILED  
24 JUN 13 AM 4:50  
TALLAHASSEE, FLORIDA

## **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

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Registered Agent Solutions, Inc. \_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Karbyn Company, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L21000411924

\_\_\_\_\_  
Document Number, if known

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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:

JOSE MOJICA, Registered Agent Solutions, Inc.

\_\_\_\_\_  
Typed or Printed Name

ASST. SECY.

\_\_\_\_\_  
Capacity

### **FILING FEES:**

\$ 85.00	Active limited liability company
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