

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L22000133988

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SALVER & COOK LLP  
Account Number : 120220000199  
Phone : (954)389-1333  
Fax Number : (954)389-1397

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**LLC REGISTERED AGENT RESIGNATION  
KIGALI LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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K. Brumley

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KIGALI LLC

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

DOCUMENT NUMBER: L23000133988

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:

Daniella Santana

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

Salver & Cook LLP

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

2721 Executive Park Drive Suite 4

\_\_\_\_\_  
Address

Weston, Florida 33331

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

daniella.santana@aprio.com

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

For further information concerning this matter, please call.

Daniella Santana

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

at ( 954 ) 666 8514

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Salver & Cook LLP

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

, hereby resigns as

Registered Agent for Kigali LLC

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

L22000133988

\_\_\_\_\_  
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:

Vanessa Piedrahita

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

AP

\_\_\_\_\_  
Capacity

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

### 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