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### **COVER LETTER**

SUBJECT: Name of Limited Liability	ty Company
DOCUMENT NUMBER: 4.22000421177	
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are submitte
Please return all correspondence concerning this matter to	the following:
Courtney Villamieva	
Name of Person	_
Main Street Business Services, ELC	
Name of Firm/Company	_
1883 W Royal Hunte Dr Ste 200	
Address	_
Cedar City, UT 84720	
City/State and Zip Code	_
courtney(a 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
Name of Person Area Cod	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

## **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 provision	ons of section 605.0115. Florida Statutes, the ur	idersigned.	
Registered Agent Solution	ons, Inc.	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	Geowee Foundation, LLC		_
	Name of Limited Liability Company		<u> </u>
L22000421177			
Document N	lumber, if known		
	ion was mailed to the above listed limited liabil ed and the office discontinued on the 31st day a		
	<b>A</b>	2	<u> </u>
	Signature of Resigning Age	ni .	<u>.</u>
If signing on behalf of an entity:			FIL
	JOSE MOJICA, Registered Agent Solutions,	Inc. 225-22	777
	Typed or Printed Name		
	ASST SECY.		6 կ ։ փ
	Capacity		Ō

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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

Pursuant to the provisi	ons of section 605.0115. F	lorida Statutes, the undersigned,
Registered Agent Soluti	ons, Inc.	, hereby resigns as
	Name of Registered Agent	
Registered Agent for _	Keowee Foundation, LLC	
	Name of Limited	Liability Company
L22000421177		
Document (	Sumber, if known	<del></del>
A copy of this resignat	ion was mailed to the abo	re listed limited liability company at its last known address.
The agency is terminat	ted and the office disconti	nied on the 31st day after the date on which this statement is filed
		<b>A</b>
	Si	gnature of Resigning Agent
If signing on behalf of	an entity:	
	JOSE MOJICA, Regi	stered Agent Solutions, Inc.
	Туре	For Printed Name
	ASST SECY.	
		apacity

\$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