

L23 000 420 905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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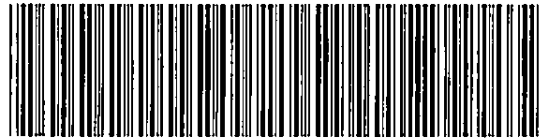
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 DEC 12 AM 8:01

FILED

NR



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

Abby Rosengren
Service Specialist
abby@mainstreetbusiness.com
Phone 435-288-0922

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

December 2, 2024

Re: Registered Agent Resignation

Florida Secretary of State

Effective immediately, please file my resignation as Registered Agent for **SIVIRA LLC** (L23000420905), **Vibes Charter, LLC** (L22000360714), and **KMMOK, LLC** (L23000406792).

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,

Abby Rosengren
Service Specialist

MAIN STREET BUSINESS SERVICES, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIVIRA LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L23000420905

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:

Abby Rosengren

Name of Person

Main Street Business Services, LLC

Name of Firm/Company

1883 W Royal Hunte Dr. Ste. 200

Address

Cedar City, UT 84720

City/State and Zip Code

abby@mainstreetbusiness.com

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

For further information concerning this matter, please call:

Abby Rosengren

at (435) 288-0922

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Limited Liability Company

L23000420905

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:

Brian Smith, REGISTERED AGENT SOLUTIONS, INC

Typed or Printed Name

Assistant Secretary

Capacity

FILED
2024 DEC 12 AM 8:01
SECRETARY 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