

M220000012379

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

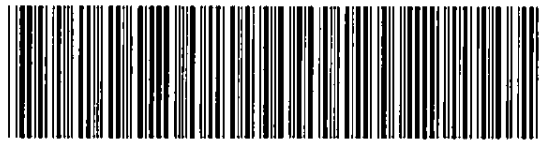
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FELT, JACOB E. CO.,

JUL 24  
S. PRATHER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CORBITAL LLC

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

**DOCUMENT NUMBER:** M22000012379

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:

S. Boadway

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

Telos Legal Corp.

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

510 W 6th Street Ste 320

\_\_\_\_\_  
Address

Los Angeles CA 90014

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

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

For further information concerning this matter, please call:

Susan Boadway

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

at ( 213 )

\_\_\_\_\_  
Area Code

457-7502

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Telos Legal Corp. \_\_\_\_\_, hereby resigns as  
Name of Registered Agent


Registered Agent for CORBITAL LLC \_\_\_\_\_

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

M22000012379 \_\_\_\_\_  
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:

Sebastian Camua  
\_\_\_\_\_  
Typed or Printed Name  
President, Telos Legal Corp.  
\_\_\_\_\_  
Capacity

### **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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ALL STATES, 10000