

Q15000000029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

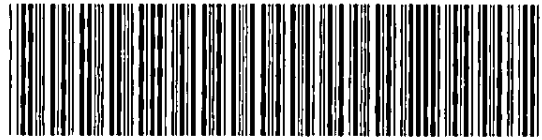
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



400416565194

RA resignation

FILED
2023 OCT -5 AM 8:32
CLERK OF COURT
TALLAHASSEE, FLORIDA

RECEIVED
2023 OCT -5 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

OCT 11, 2023



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2023

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: THORN BIOSCIENCE LLC
Ref. Number: Q15000000029

We have received your document for THORN BIOSCIENCE LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a ALIEN BUSINESS ORGANIZATION. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 923A00023144

RECEIVED
2023 OCT 10 AM 11:12
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 016978, 8323810
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 87.50

ORDER DATE : September 26, 2023
ORDER TIME : 9:16 AM
ORDER NO. : 016978-005
CUSTOMER NO: 8323810

CHANGE OF AGENT

NAME: THORN BIOSCIENCE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thorn Bioscience LLC
(Name of Alien Business Organization)

DOCUMENT NUMBER: Q15000000029

The enclosed Resignation of Registered Agent for an Alien Business Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

RESIGNATIONS DEPARTMENT

(Name of Person)

CORPORATION SERVICE COMPANY

(Name of Firm/Company)

251 LITTLE FALLS DRIVE

(Address)

WILMINGTON, DE 19808

(City/State and Zip Code)

For further information concerning this matter, please call:

RESIGNATION DEPT _____ at (800) 927-9801
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for:
☒ \$87.50 Filing fee ☐ \$140.00 (\$87.50 Filing Fee and \$52.50 for Certified Copy)

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



FILED

2023 OCT -5 AM 8:32

CLERK OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF REGISTERED AGENT
FOR AN ALIEN BUSINESS ORGANIZATION**

Pursuant to the provisions of section 607.0502(2) Florida Statutes,

the undersigned, CORPORATION SERVICE COMPANY
(Name of Registered Agent)

hereby resigns as Registered Agent for Thorn Bioscience LLC
(Name of Alien Business Organization)

Q15000000029

(Document Number, if known)

A copy of this resignation was mailed to the above listed alien business organization 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.

Eyliena Baker
Assistant Vice President

(Signature of Resigning Agent)

If signing on behalf of an entity:

BY EYLIENA BAKER

(Typed or Printed Name)

VICE PRESIDENT

(Capacity)

**Filing Fee: \$87.50
Certified Copy: \$52.50**

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**