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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : I20050000052 Phone : (850)656-7956

Fax Number ; (850)656-7953

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

Email Address:_

LLC REGISTERED AGENT RESIGNATION GUAVA VENTURE, LLC

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COVER LETTER

TO: Registration Section Division of Corporations

		5		
SUBJECT: GUAVA VENTURE, LLC				
Name of Lim	ited Liability	Company		
DOCUMENT NUMBER: L20000208987				
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are	e submit	ted
Please return all correspondence concerning this	s matter to th	e following:		
Amanda Archambault				
Name of Person	-			
Incorporating Services, Ltd.				
Name of Firm/Company				
3500 S DuPont Highway			Σ- <i>υ</i>	2022
Address	_			2022 FEB
Dover, DE 19901				} -7
City/State and Zip Code			12	Ê
klook@incserv.com			32) - W	10: 20
E-mail address: (to be used for future annual report	notification)		÷, =	20
For further information concerning this matter,	please call:			
Kai Look	302	531-0703		
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida Statutes, the	undersigned,	
Incorporating Service	es, Ltd.	, hereby resigns as	
N	, , , , , ,		
Registered Agent for GU	AVA VENTURE, LLC		
·	Name of Limited Liability Company		,
L20000208987			
Document Num	ber, if known		
A copy of this resignation	was mailed to the above listed limited lial	bility company at its last known a	nddress.
The agency is terminated	and the office discontinued on the 31st day	y after the date on which this stat	ement is filed.
£	Doman Co. Doman A Signature of Resigning A	bout	
If signing on behalf of an	entity:		2022 FEB -
	Amanda Archambault		
-	Typed or Printed Name	·	
	Assistant Secretary		
·-	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