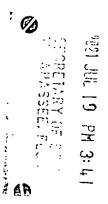
M15050501083

(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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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 899499 AUTHORIZATION : COST LIMIT : ORDER DATE : July 9, 2021 ORDER TIME : 2:34 PM ORDER NO. : 899499-085 CUSTOMER NO: 8323810 RESIGNATION OF AGENT NAME: VIVIDUS, LLC XX RESIGNATION OF AGENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-EXT#

1201 Hays Street

COVER LETTER

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: M15000001083	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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	
ANNUALREPORTS@CSCGLOBAL.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
RESIGNATION DEPT 800	927-9801) Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve limited liability company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn

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 prov	isions of section 605.0115	, Florida Statutes, the und	ersigned.		
CORPORATION SERVICE COMPANY			, hereby resigns as		
	Name of Registered Agen		_ , nereby resign	15 th	
Registered Agent fo	r	_			
	Name of Limit	ted Liability Company		,	
M15000001083					
Documer	nt Number, if known				
The agency is termin	nated and the office discon	tinued on the 31st day after	er the date on w	hich this statement is file	d.
If signing on behalf	of an entity:			202 SE	
	BY ALEXXIS WEILA	AND			
	VICE PRESIDENT	ped or Printed Name		FIL 2021 JUL 19 SECRETARY TALLAHAS	
	FILING F \$ 85.00 \$ 25.00	Capacity FEES: Active limited liability c Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily ity company	OF STATE SEE, FA	

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