

MIS000001083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

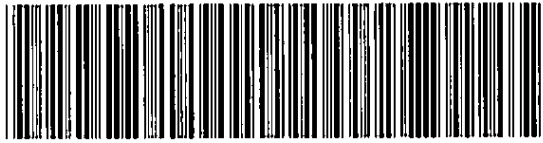
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

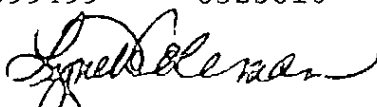
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RECEIVED
2021 JUL 19 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FL
FILED
2021 JUL 19 AM 8:23
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TALLAHASSEE, FL

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

ACCOUNT NO. : I20000000195
REFERENCE : 899499 8323810
AUTHORIZATION : 
COST LIMIT : \$ 25.00'

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
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-EXT#

EXAMINER'S INITIALS: _____

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CORPORATION SERVICE COMPANY

hereby resigns as

Name of Registered Agent

Registered Agent for VIVIDUS, LLC

Name of Limited Liability Company

MI5000001083

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.

Alexxis Weiland

Signature of Resigning Agent

If signing on behalf of an entity:

BY ALEXXIS WEILAND

Typed or Printed Name

VICE PRESIDENT

Capacity

FILED
2021 JUL 19 AM 8:23
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withdrawn limited liability company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**