2/11/22, 12:55 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : 120050000052 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 BACKER VENTURES LLC

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H22000056428 3 COVER LETTER

TO: Registration Section Division of Corporations

. Incorporating Servic

SUBJECT: Name of Limited Liability (_
Name of Limited Liability (Company
DOCUMENT NUMBER: L16000133953	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Amanda Archambault	
Name of Person	
Incorporating Services, Ltd.	
Name of Firm/Company	
3500 S DuPont Highway	
Address	
Dover, DE 19901	
City/State and Zip Code	
wlook@incserv.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Westley Look at (302 Name of Person Area Code	531-0703
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an administratively dissolve liability company	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limit

d 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

H22000056428 3

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011:	5, Florida Statutes, the unde	ersigned,
Incorporating Services, Ltd.		, hereby resigns as
Name of Registered Age	ıl	- / - /
Registered Agent forBACKER VENTUR	ES LLC	······
Name of Litt	ited Liability Company	,
L16000133953		
Document Number, if known	 	
A copy of this resignation was mailed to the		
The agency is terminated and the office disco	ontinued on the 31st day after	er the date on which this statement is file
	anda Archambault	
	Typed or Printed Name sistant Secretary	
	Capacity	
FILING \$ 85.00 \$ 25.00 Make checks paya	FEES: Active limited liability of Administratively dissolved withdrawn limited liability of the following the control of the c	ved/ voluntarily dissolved/ 一
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	•