D19000000045

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

		istration Section sion of Corporations	
SUBJECT:	۲.	Carvana Auto Receivables Grantor Trust 2019-3	
SOBJECT.		Name of Business Trust	
Dear Sir o	r A	tadam:	
The enclos	sed	Withdrawal Statement and fee(s) are submitted for filing.	
Please retu	ırn	all correspondence concerning this matter to the following:	
Stacey Ho	ood		
		Name of Person	
Carvana, I	LL	С	
		Firm/Company	
300 E. Ric	o S	alado Parkway, Bldg. 1	
		Address	
Tempe, A	Zξ	85281	
		City/State and Zip Code	
statefiling	s(a)carvana.com	
1	3-n	nail address: (to be used for future annual report notification)	
For further	r in	nformation concerning this matter, please call:	
Stacey He	ood	at ()	
		Name of Person Area Code Daytir	ne Telephone Number

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

APPLICATION BY FOREIGN BUSINESS TRUST FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Carvana Auto Receivables Grantor Trust 2019-3

(Name of Business T	rust)	
<u>D19000000045</u>	· · · · · · · · · · · · · · · · · · ·	
(Document Number of Busi	iness Trust)	
<u>Delaware</u> (Organized Under Lav	ws of)	
This business trust was authorized to transact business in This business trust is no longer transacting business or co Florida and hereby voluntarily surrenders its authority to Florida.	onducting affairs within the State of	
This business trust revokes the authority of its registered behalf and appoints the Department of State as its agent to faction arising during the time it was authorized to tran Florida.	for service of process based on a cause	
The following is a current mailing address for the busines	ss trust:	
-	7.00 TA	
1100 N. Market S	TALLAHASSE	
(Mailing Address		TITU
(Control of the control of the contr	(SS)	
Wilmington, DE 19	9890 Fig. 😦	T
(City/State/Zip)	Es I	
	SEE. FLORIDA	
The business trust agrees to notify the Department of Stamailing address.	ite in the future of any change in its	
700		
(0)	05/23/2023	_
(Signature of trustee or authorized officer)	(Date)	
Paul Breaux	Vice President	
(Typed or printed name of person signing)	(Title of person signing)	