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Certified Copies	_ Certificates	of Status
		
Special Instructions to I	Filing Officer:	

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LESSAGNAGES OF STATE AND ORIDA

COVER LETTER

	istration Section ision of Corporations		
	Carvana Auto Receivables Trust 2	2019-4	
SUBJECT:		Name of Business Trust	
Dear Sir or M	Madam:		
The enclosed	l Withdrawal Statement and fee(s) a	are submitted for filing.	
Please return	all correspondence concerning this	s matter to the following	:
Stacey Hood	d		
	Name of Perso	on	
Carvana, LI	.c		
	Firm/Company	,	
300 E. Rio 5	Salado Parkway, Bldg. 1		
	Address		
Tempe, AZ	85281		
_	City/State and Zip	Code	
statefilings@	@carvana.com		
15-1	mail address: (to be used for future	annual report notificatio	n)
For further i	nformation concerning this matter.	please call:	
Stacey Hoo	d	480 at (378-6262
	Name of Person	Area Code	Daytime 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

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

Carvana Auto Receivables Trust 2019-4 (Name of Business Trust)

D190000<u>00054</u>

(Document Number of Bu	usiness Trust)	
<u>Delaware</u> (Organized Under L	Laws of)	
This business trust was authorized to transact business. This business trust is no longer transacting business or Florida and hereby voluntarily surrenders its authority. Florida.	conducting affairs within the State of	
This business trust revokes the authority of its registere behalf and appoints the Department of State as its agen of action arising during the time it was authorized to tr. Florida.	nt for service of process based on a cause	
The following is a current mailing address for the busin	ness trust:	
1100 N. Market (Mailing Addre Wilmington, DE (City/State/Zi	19890 AHASS	
The business trust agrees to notify the Department of Smailing address.	State in the future of any charge in	
(Signature of trustee or authorized officer)	05/23/2023 (Date)	
Paul Breaux (Typed or printed name of person signing)	Vice President	_
(Typed or printed name of person signing)	(Title of person signing)	