(Re	equestor's Name	e)
(Ac	ldress)	
	<u>, </u>	
(Ac	ldress)	
(Cit	ty/State/Zip/Pho	ne #)
PICK-UP	☐ WAİT	MAIL
(Bu	isiness Entity N	ame)
(Do	ocument Numbe	er)
Certified Copies	_ Certificat	es of Status
Special Instructions to	Filing Officer:	
		J. HORNE MAY - 8 2024

Office Use Only



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Resignation of Registered Agent for a Corporation

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: (800) 345-4647 Fax: (800) 432-3622 regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE:

4/17/2024 **FLORIDA**

REP UNIT:

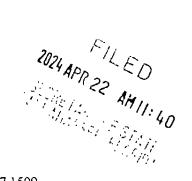
MAVEN ARENA, INC.

Enclosed for filing please find a Resignation of Registered Agent for a Corporation for the above referenced name, which is to be filed in your office. Enclosed is check # 34173 in the amount of \$87.50 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767





RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Capitol Corporate Services, Inc.
hereby resigns as Registered Agent for (Name of Registered Agent)
MAVEN ARENA, INC.
(Name of Corporation) F2000002336
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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. (Signature of Resigning Agent)
If signing on behalf of an entity:
Yvette Cleveland
(Typed or Printed Name)
Assistant Secretary
(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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





	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Capitol Corporate Services, Inc.
hereby resigns as Registered Agen	(Name of Registered Agent)
MAVEN ARENA, INC.	
5000000000	(Name of Corporation)
F20000002336	
(Document Number, if known)	
A copy of this resignation was ma	iled to the above listed corporation at its last known address.
The agency is terminated and the other this statement is filed.	(Signature of Resigning Agent)
If signing on behalf of an entity:	
	Yvette Cleveland
	(Typed or Printed Name)
	Assistant Secretary
-	(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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