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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IITERA CIS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 1.00000000823

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Scruby

Name of Person

Nelson Mullins

Name of Firm/Company

50 N Laura St., Suite 4100

Address

Jacksonville, FL 32202

City/State and Zip Code

stephen.scruby@nelsonmullins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Scruby

at ( 904 ) 6653610

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**

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

**Street Address:**

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

2024 OCT 30 PM 11:04  
SECRET  
TALLAHASSEE, FL

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Daniel B. Nunn, Jr. \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for ITERA CIS LLC

\_\_\_\_\_  
Name of Limited Liability Company

1.00000000823

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.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Daniel Nunn

Typed or Printed Name

Authorized person

Capacity

## FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

2024 OCT 30 PM 4:06  
SECRET  
TALLAHASSEE, FL

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