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(City/State/Zip/Phone #)

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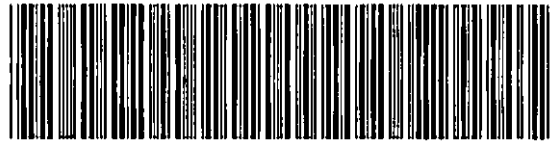
(Business Entity Name)

(Document Number)

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2021 JAN 11 PM 6:14

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CSV CONCEPTS IV, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L07000004479

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:

Vincent J. Piazza

Name of Person

Mathews & Piazza, PA

Name of Firm/Company

1325 S. Congress Ave. #104

Address

Boynton Beach, FL 33426

City/State and Zip Code

vjp@mppalaw.com

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

For further information concerning this matter, please call:

Vincent J. Piazza

561 738-5501  
at ( )

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Mathews & Piazza, PA \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for CSV Concepts IV, LLC \_\_\_\_\_  
Name of Limited Liability Company

L07000004479 \_\_\_\_\_  
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 1/9/21

If signing on behalf of an entity:

Vincent J. Piazza \_\_\_\_\_  
Typed or Printed Name  
Vice President \_\_\_\_\_  
Capacity

## **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

2021 JAN 11 PM 6:14

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