

L09000114174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

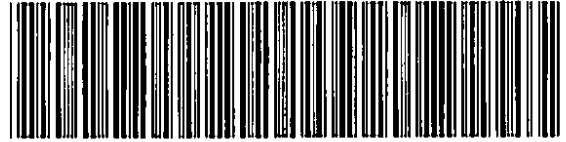
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500317539115

08/23/18--01001--001 **30.00

RECEIVED
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

18 AUG 22 PM 3:03

RECEIVED

RECEIVED
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

CNS

AUG 23 2018

BRYANT MILLER OLIVE P.A.

Requester's Name

101 North Monroe St., Suite 900

Address

Tallahassee, FL 32301 (850) 222-8611

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Anuvia Florida LLC L09000114174
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time Friday morning

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☒ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anuvia Florida LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margaret Richardson, Corporate Secretary

Name of Person

Anuvia Florida LLC

Firm/Company

6751 West Jones Avenue

Address

Zellwood, FL 32798

City/State and Zip Code

mrichardson@anuvianutrients.com

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

For further information concerning this matter, please call:

Margaret Richardson

919

600-1453

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: Anuvia Florida LLC

SECOND: The Florida Document number of the limited liability company is: L09000114174

THIRD: The street address of the limited liability company's principal office is:

6751 West Jones Avenue

Zellwood, FL 32798

The mailing address of the limited liability company's principal office is:

6751 West Jones Avenue

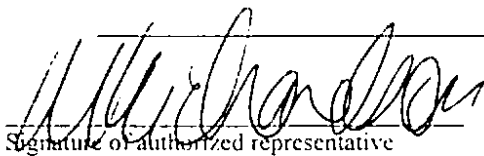
Zellwood, FL 32798

FOURTH: The date the statement of authority became effective is: 7/9/2014

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is


Signature of authorized representative

Margaret Richardson

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
18 AUG 22 AM 10:05
CLERK OF STATE
TALLAHASSEE, FLORIDA