

W10 00000 94144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

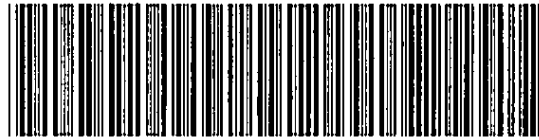
(Business Entity Name)

(Document Number)

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W. POTTER

MAR - 7 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brava Technologies LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000094144

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:

W. Jeffrey Cecil
Name of Person

Porter Wright Morris & Arthur, LLP
Name of Firm/Company

9132 Strada Place, Ste. 301
Address

Naples, FL 34108
City/State and Zip Code

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

For further information concerning this matter, please call:

W. Jeffrey Cecil at (239) 593-2950
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

W. Jeffrey Cecil _____, hereby resigns as

Name of Registered Agent

Registered Agent for Brava Technologies LLC _____

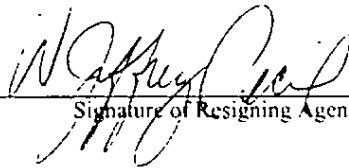
Name of Limited Liability Company

L10000094144 _____

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:

Typed or Printed Name

Capacity

2022 DEC 22 AM 7:29

FILING FEES:

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withdrawn limited liability company

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