

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L15000190709

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H240003260403ABCv

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
2024 SEP 25 AM 9:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LLC REGISTERED AGENT CHANGE
BANYAN DETOX, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu
J. LEMIEUX
Help 01 2024

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: <u>BANYAN DETOX, LLC</u>	
2. (a) <u>201 SE OSCEOLA ST</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>STUART, FL 34994</u>	(b) <u>225 N Federal Hwy</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>SUITE #808</u> <u>POMPANO BEACH, FL 33062</u>
3. <u>11/10/2015</u> Date of filing/registration in Florida	4. <u>L15000190709</u> Document number
5. (a) <u>BTC INTERMEDIATE HOLDINGS LLC</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State. <u>225 N Federal Hwy</u> Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u> <u>SUITE #808</u> <u>POMPANO BEACH, FL 33062</u>	
(b) <u>C T Corporation System</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> <u>NEW Registered Office Address:</u> <u>1200 South Pine Island Road</u> <u>Plantation, FL 33324</u>	

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SECRETARY OF STATE
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kathryn McBride

Signature of a member or authorized representative of a member

Kathryn McBride

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System - Natalie Pickens

Signature of Registered Agent Natalie Pickens, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

**LLC DISSOLUTION OR WITHDRAWAL
VITERRA USA INGREDIENTS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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2024 SEP 30 AM 9:52
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TALLAHASSEE, FL

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Corporate Filing Menu

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OCT 01 2024

COVER LETTER

H24000330818

TO: Registration Section
Division of Corporations

SUBJECT: Vittera USA Ingredients, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

Capitol Services - Corporate Filings Team
(Firm/Company)

515 East Park Avenue 2nd Fl
(Address)

Tallahassee, FL 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

_____. at (855) 498 - 5500
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

H24000330818

H24000330818

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Viterra USA Ingredients, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

January 6, 2012

(Date registered with Florida Department of State)

M12000000130

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: 10-01-2024 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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TALLAHASSEE, FL



(Signature of authorized representative)

Brian Ternus

(Typed or printed name of signee)

Filing Fee: \$25.00

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