L16000100011

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Linky Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
 		

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C. GOLDEN NOV 2 5 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: INNOVERSE, LLC	
	ime of Limited Liability Company
DOCUMENT NUMBER: L160001	00011
The enclosed Resignation of Registers for filing.	ed Agent for a Limited Liability Company and fee are submitted
Please return all correspondence conc	erning this matter to the following:
United States Corporation Agents	, Inc.
Name of Person	
LegalZoom.com, Inc.	
Name of Firm/Comp	any
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip C	ode
raresignations@legalzoom.com	
E-mail address: (to be used for future ar	inual report notification)
For further information concerning th	is matter, please call:
Joyce Yi	,, 800 773-0888 x7789
Name of Person	at (800) 773-0888 x7789 Area Code Daytime Telephone Number
Enclosed is a check made payable to t liability company or \$25.00 for an add liability company.	he Florida Department of State for \$85.00 for an active limited ministratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:

Registration Section Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the ur	dersigned.	
United States Corporation Agents, Inc.		hereby resigns as	
	Name of Registered Agent		
Registered Agent for	NNOVERSE, LLC		
	Name of Limited Liability Company	·	
L16000100011			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limited liabili	ty company at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day a	fter the date on which this statement is filed.	
	Signature of Resigning Ages	11	
If signing on behalf of a	in entity:		
Cheyenne Moseley			
Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc.		Agents, Inc.	
	Capacity	9: 07	
	FILING FEES: \$85.00 Active limited liability \$25.00 Administratively disso withdrawn limited liab	company dved/voluntarily dissolved/ bility company	

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