| (Re | equestor's Name) | | | |
|---|----------------------|-----------|--|--|
| (Ac | idress) | | | |
| (Ac | ddress) | <u> </u> | | |
| (Ci | ty/State/Zip/Phone i | #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates o | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



400383287834

03/14/22--01026--019 **85.00

SECRETARY OF STATE TALLAHASSEE, FL

FILED 2022 HAR 29 AM 6: 43

O SIMMONS MAY 0 4 2022

RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Corporations

Division of Corporations

SECTION OF STATE
TALLAHASSEE, FL

March 25, 2022

ELANA GREENWAY FANIEL, ESQ PO BOX 600 LUTZ, FL 33548

SUBJECT: NEVAR ENTERTAINMENT, LLC

Ref. Number: L18000047869

We have received your document for NEVAR ENTERTAINMENT, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor
Letter Number: 522A00006997

www.sunbiz.org

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the pro | visions of section 605.0115, Florida Statutes. | the undersigned. | |
|--|--|--------------------------------------|-----------------------------------|
| Greenway Law Firm | n, P.A. | , hereby resigns as | _ |
| Name of Registered Agent | | (nereby resigns us | SEI SEI |
| Registered Agent for Nevar Entertainment LLC | | | 2022 MAR 29 SECRETAR TALLAH |
| | | | 7 29 AH |
| | Name of Limited Liability Compar | ny | 9 AM 6: |
| L18000047869 | | | 6: 43 E, FL |
| Document Number, if known | | | 7 AT 53 |
| A copy of this resig | gnation was mailed to the above listed limited | I liability company at its last know | vn address. |
| The agency is term | inated and the office discontinued on the 31s | | statement is filed. |
| If signing on behal | f of an entity: | | |
| | Elana Greenway Faniel | | |
| | Typed or Printed Name | | |
| | President | | |
| | Capacity | | |

\$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