# 119000156274

| (Requestor's Name)                      |                    |          |        |  |  |  |
|---|--------------------|----------|--------|--|--|--|
|   |                    |          |        |  |  |  |
| _                                       |                    |          |        |  |  |  |
| (Add                                    | dress)             |          |        |  |  |  |
|   |                    |          |        |  |  |  |
|   |                    |          |        |  |  |  |
| (Add                                    | dress)             |          |        |  |  |  |
|   |                    |          |        |  |  |  |
|   |                    |          |        |  |  |  |
| (City                                   | //State/Zip/       | Phone #) |        |  |  |  |
|   | 1                  |          |        |  |  |  |
| PICK-UP                                 | □ \A/A             | т        | MAIL   |  |  |  |
|   | ·                  | 1        | L WARE |  |  |  |
|   |                    |          |        |  |  |  |
|   |                    |          |        |  |  |  |
| (Business Entity Name)                  |                    |          |        |  |  |  |
|   |                    |          |        |  |  |  |
|   |                    |          |        |  |  |  |
| (Document Number)                       |                    |          |        |  |  |  |
|   | ļ                  |          |        |  |  |  |
|   |                    |          |        |  |  |  |
| Certified Copies Certificates of Status |                    |          |        |  |  |  |
|   |                    |          |        |  |  |  |
|   |                    |          |        |  |  |  |
| Special Instructions to f               | l<br>Filina Office | ·r:      |        |  |  |  |
|   | <b>3</b>           |          |        |  |  |  |
|   | ,                  |          |        |  |  |  |
|   | (                  |          |        |  |  |  |
|   |                    |          |        |  |  |  |
|   |                    |          |        |  |  |  |
|   |                    |          |        |  |  |  |
|   | I                  |          |        |  |  |  |
|   |                    |          |        |  |  |  |
|   | Í                  |          |        |  |  |  |
|   |                    |          |        |  |  |  |
|   |                    |          |        |  |  |  |
|   | Office H           | o Only   |        |  |  |  |



200394200522

2022 S.J. 26 PH 2: 53

09/26/22--01022--003 \*\*25.00

#### **COVER LETTER**

TO: Registration Section Division of Corporations

| <sub>subject:</sub> Avaris PLLC  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Name of Limited Liability Company  |  |  |  |  |  |  |
| DOCUMENT NUMBER: L19000156274  |  |  |  |  |  |  |
| 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:                                      |  |  |  |  |  |  |
| United States Corporation Agents, Inc.   |  |  |  |  |  |  |
| Name of Person   |  |  |  |  |  |  |
| Legalzoom.com, Inc.  |  |  |  |  |  |  |
| Name of Firm/Company   |  |  |  |  |  |  |
| 9900 Spectrum Dr.  |  |  |  |  |  |  |
| Address  |  |  |  |  |  |  |
| Austin, TX 78717   |  |  |  |  |  |  |
| City/State and Zip Code  |  |  |  |  |  |  |
| raresignations@legalzoom.com   |  |  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)   |  |  |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |  |  |
| at (   |  |  |  |  |  |  |
| 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provis              | ions of section 605.0115. Florida Statutes, the undersi  | gned,             |   |              |
|-------------------------------------|--|-------------------|---|--------------|
|                                     | rporation Agents, Inc.   | nereby resigns as |   |              |
|                                     | icreby resigns as  |                   |   |              |
| Registered Agent for                | Avaris PLLC  |                   |   |              |
|                                     | Name of Limited Liability Company  |                   |   | ,            |
| L19000156274                        | I  |                   |   |              |
| Document l                          | Number, if known   |                   |   |              |
|                                     | tion was mailed to the above listed limited liability co<br>ted and the office discontinued on the 31st day after th |                   |   |              |
|                                     | Signature of Resigning Agent   |                   |   | 2022 :       |
| If signing on behalf of an 'entity: |  |                   |   | 7.           |
| -<br>-                              | Cheyenne Moseley   |                   |   | 26           |
|                                     | Typed or Printed Name  | <del></del>       |   | <u> </u>     |
|                                     | Asst. Secretary for United States Corporation Agent  | ts, Inc.          | - | $\dot{\sim}$ |
|                                     | Capacity   | <del></del>       | - | (Vi          |

#### **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