

Florida Department of State
Division of Corporations
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Division of Corporations
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**LLC REGISTERED AGENT RESIGNATION
MV REZENDE LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$85.00

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Electronic Filing Menu

Corporate Filing Menu

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K. SALY

MAR 16 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MV REZENDE LLC

Name of Limited Liability Company

DOCUMENT NUMBER: 119000214435

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:

TRACEE COTTON

Name of Person

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Name of Firm/Company

100 WALL STREET, SUITE 503

Address

NEW YORK, NY 10005

City/State and Zip Code

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

For further information concerning this matter, please call:

TRACEE COTTON

at (800)

221-2972 X1550

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

BLUMBERGENCELSIOR CORPORATE SERVICES, INC.,

hereby resigns as

Name of Registered Agent

Registered Agent for NIV REZENDE LLC

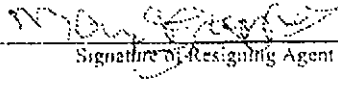
Name of Limited Liability Company

1.1900021-435

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:

MARY BROOKS

Typed or Printed Name

ASSISTANT SECRETARY

Capacity

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

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