LZO 00000 4456

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

Office Use Only



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2020 OCT 20 PH 1: 04 SECREDARY OF STATE

12/11/20



COVER LETTER

TO: Registration Section Division of Corporations			, ,	
SUBJECT: Name	of Limit	ed Liability	Company	
DOCUMENT NUMBER: L200000044				
The enclosed Resignation of Registered a for filing.	Agent fo	r a Limited	Liability Company and fee are submitted	
Please return all correspondence concern	ing this	matter to th	e following:	
United States Corporation Agents, In	ıc.			
Name of Person				
Legalzoom.com, Inc.				
Name of Firm/Company	<u> </u>			
101 North Brand Blvd. 11th Floor				
Address				
Glendale, CA 91203				
City/State and Zip Code				
raresignations@legalzoom.com				
E-mail address: (to be used for future annu-	al report n	otification)		
For further information concerning this i	natter, p	lease call:		
Jazmine Johnson	at (800	773-0888	
Name of Person	(Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the liability company or \$25.00 for an admir liability company.	Florida nistrative	Department ely dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:		STREE	ET ADDRESS:	
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Tallahassee, FL 32314

FILED STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY CONTRANY PM 1: 04

SECRETARY OF STATE TALLAMASSET, FL

Pursuant to the provision.	s of section 605.0115, Florida S	Statutes, the undersigned.	
United States Corpo	ration Agents, Inc.	, hereby re	esigns as
	Name of Registered Agent	•	· ·
Registered Agent for $\frac{CV}{CV}$	/P Ventures LLC		
	Name of Limited Liability	Company Company	·
L20000004456			
Document Nur	nber, if known		
A copy of this resignation	n was mailed to the above listed	d limited liability company	at its last known address.
The agency is terminated	and the office discontinued or	the 31st day after the date	on which this statement is filed.
	Signature	of Resigning Agent	-
If signing on behalf of ar	entity:		
	Cheyenne Moseley		
	Typed or Prin	ted Name	-
	Asst. Secretary for United Stat	es Corporation Agents, Inc.	_
	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