L20000041868

(Re	questor's Name)	
——————————————————————————————————————	dress)	
	d	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	MAIT	MAIL
(D.,	ainasa Estitu Marra	
(Bu	siness Entity Name)	•
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
	-	
		·
Special Instructions to	Filing Officer:	
<u></u>		



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Office Use Only

J 2/12/2023

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	NAYRB HOLDING LLC	
0000	Name of Limited Liability	Company
DOC	UMENT NUMBER: 120000041868	
The er	nclosed Resignation of Registered Agent for a Limited ing.	Liability Company and fee are submitted
Please	e return all correspondence concerning this matter to the	ne following:
Chelse	a Chapman	
	Name of Person	
Legalir	nc Corporate Services, INC.	
	Name of Firm/Company	
10601	Clarence Dr Ste 250	
	Address	
Frisco,	, TX 75033-3867	
	City/State and Zip Code	
ra@leg	galinc.com	
E	-mail address: (to be used for future annual report notification)	
For fu	orther information concerning this matter, please call:	
Chelse	Name of Person at (844 Area Code	386-0178
	Name of Person Area Code	Daytime Telephone Number
liabilit	sed is a check made payable to the Florida Departmen ty company or \$25.00 for an administratively dissolve d liability company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn

Street Address: Registration Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

INHS17 (2/14)

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.	0115, Florida Statutes, the u	ndersigned,		
Legaline Corporate Services, INC.		, hereby resigns as		
Name of Registered	_			
Registered Agent for NAYRB HOLDING	LLC			
	Limited Liability Company			<u></u> ·
(Valle of	company			
L20000041868				
Document Number, if known				
A copy of this resignation was mailed to t	he above listed limited liabil	lity company at its last know	n addre	SS.
The agency is terminated and the office d	iscontinued on the 31st day a	after the date on which this s	tatemen	t is filed
\bigcap				
	Signature of Resigning Age	int	~ `	
If signing on behalf of an entity:		A S	2022	
Chelsea Chapmar	n		2022 NOV 15	
	Typed or Printed Name	LL Assassi	_	****
On Behalf of Leg	aline Corporate Services, INC			t ren -
	Capacity		PH 12: 2	ا ناق المنتسن
		ः नाः	<u>5</u> :	الريبية الريبية
		「二	21	
FILI © \$ 85.0 © \$ 25.0	NG FEES: O Active limited liability Administratively dissorbit withdrawn limited liability	y company olved/ voluntarily dissolved bility company	1	

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