L2000065568			
(Requestor's Name) (Address) (Address)	900416140839		
(City/State/Zip/Phone #)	FILED 2023 SEP 29 PM 1: 17 TALLAHASSEE, FLORIDA		
Special Instructions to Filing Officer:	NINA SEP 29 PH 2:38		

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO.	:	I2000000195
REFERENCE	:	
AUTHORIZATION	:	Ane Eleman
COST LIMIT	:	\$ 87.50 25.00
ORDER DATE : September 20, 20	23	

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- ORDER TIME : 12:59 PM
- ORDER NO. : 999882-005
- CUSTOMER NO: 8323810

### CHANGE OF AGENT

NAME: VERO FUTURE FARM, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Matthew Todd -- EXT# 62976

EXAMINER:

### **COVER LETTER**

TO: Registration Section Division of Corporations

Vero Future Farm, LLC SUBJECT:

Name of Limited Liability Company

# DOCUMENT NUMBER:\_<sup>L20000065568</sup>

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:

RESIGNATIONS DEPARTMENT

Name of Person

CORPORATION SERVICE COMPANY

Name of Firm/Company

251 LITTLE FALLS DRIVE

Address

WILMINGTON, DE 19808

City/State and Zip Code

ANNUALREPORTS@CSCGLOBAL.COM

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

For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

, hereby resigns as

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned.

CORPORATION SERVICE COMPANY

Name of Registered Agent

Registered Agent for \_\_\_\_\_

Name of Limited Liability Company

L20000065568

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.

alixens Weilard- Grensen, Aup

Signature of Resigning Agent

If signing on behalf of an entity:

BY ALEXXIS WEILAND-SORENSON

Typed or Printed Name

ASSISTANT VICE PRESIDENT

Capacity

.

FILING FEES:

<u>\$ 85.00</u> \$ 25.00



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

INHS17 (2/14)