

L20 000 206 934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

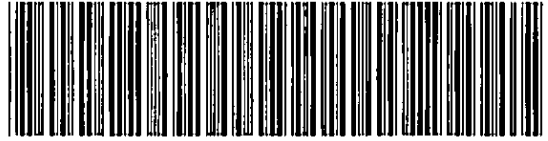
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400393948264

2022 SEP - 6 AM 8:34

2022 SEP - 6 AM 8:34

SEP 6 2022

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NFUSE LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L20000206934

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:

Ceresia Smith

Name of Person

C & B Financial Services LLC

Name of Firm/Company

6520 US Hwy 301 S, Ste 112-A

Address

Riverview, FL 33578-4324

City/State and Zip Code

cbtaxes@hotmail.com

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

For further information concerning this matter, please call:

Ceresia Smith

Name of Person

at (954) 471-8405

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2022 SEP -6 AM 8:34

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

C & B Financial Services Corp

, hereby resigns as

Name of Registered Agent

Registered Agent for NFUSE LLC

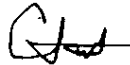
Name of Limited Liability Company

L20000206934

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:

Ceresia Smith

Typed or Printed Name

President

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

2022 SEP -6 AM 8:34

FILED