120000253980

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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V SUPKER

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>9/27/2021</u>	-	**WALK IN**
ENTITY NAME CVR M	ANAGERS, LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE P	ATTACHED AND RETURN
xxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
**	PLEASE OBTAIN THE FOLL	OWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & 1	Amendments
	Certified Copy of Arts & 1	Amendments Complete File (Inclading Annual Reports)
	Certificate of Status	
	Certificate of Status Reflec	cting:
	APOSTILLE' / NOT	TARIAL CERTIFICATION
COUNTRY OF DESTINATION NUMBER OF CERTIFICATION		
TOTAL OWED \$ 25.00		ACCOUNT # 120140000108 Cuth United Corporate Services, Inc.
Please call Ting at the	e ahove number kar anu	issues or concerns Thank was so much

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.011	5, Florida Statutes, the un	dersigned,			
United Corporate Services, Inc. Name of Registered Agent			, hereby resign	, hereby resigns as		
Registered Agent for	CVR MANAGERS, LLO	C				
	Name of Lir	nited Liability Company		·		
		,,,				
L20000253980						
Document	Number, if known					
A copy of this resigna	tion was mailed to the	above listed limited liabili	ty company at its	last known address.		
The agency is termina	ted and the office disco	ontinued on the 31st day at	fter the date on wh	hich this statement is filed.		
	Mich	asl Barr Signature of Resigning Agen	nt			
If signing on behalf of	an entity:					
	Michael Barr			202		
	T President	yped or Printed Name		I SEP 2:		
		Capacity				
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company lved/ voluntarily of ility company	E STA		

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