## L20000344913

(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:
رب
IN THORNE
TO,

Office Use Only



100430788221

06/05/24--01009--024 ••110.00

FILED 2024 JUN -5 FILE 14

## **COVER LETTER**

SUBJECT: NOVA SATUS LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L20000344973	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitte
Please return all correspondence concerning this matter to the	ne following:
Travis Crabtree	
Name of Person	
LEGALCORP SOLUTIONS, LLC	
Name of Firm/Company	
3 Greenway Plaza #1320	
Address	
Houston, TX 77042	
City/State and Zip Code	
themarketinglogistic@gmail.com	
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
LegalCorp Solutions, LLC 888	534-3018
Name of Person at ( at (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

**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

Pursuant to the provision	ons of section 605.0	1115, Florida Statutes, t	he undersigned.	
LEGALCORP SOLUTI	ONS, LLC		, hereby resigns as	
<del></del> -	Name of Registered A	Agent	, nereby resigns as	
Registered Agent for _	NOVA SATUS LLO	C	· · · · · · · · · · · · · · · · · · ·	<del></del>
	Name of I	Limited Liability Company		1024 10
L20000344973				٠- ٠- -
Document N	lumber, if known			
_			liability company at its last know day after the date on which this:	
		Signature of Resignin	g Agent	
If signing on behalf of	an entity:			
	Travis Crabtree			
		Typed or Printed Name	7.F. :-	
	Member			
	-	Capacity		

Make checks payable to Florida Department of State and mail to: **Division of Corporations** 

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

P.O. Box 6327 Tallahassee, FL 32314