

L21000344969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

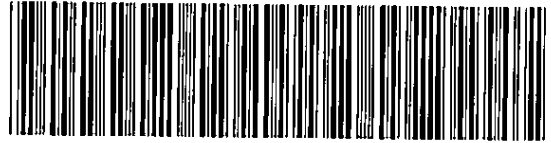
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
AUG 13 2024

Office Use Only



400434168134

08/02/24--01008--024 \*\*25.00

FILED

2024 AUG -2 PM 3:13

RECEIVED BY STATE  
OFFICE OF REVENUE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nectar Senco Hive LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L21000344969

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:

Cory Betts  
Name of Person

ZenBusiness Inc.  
Name of Firm/Company

336 E. College Ave. Suite 301  
Address

Tallahassee, FL 32301  
City/State and Zip Code

ra@zenbusiness.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cory Betts at (844) 493-6249  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Registered Agents Inc. \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for Nectar Senco Hive LLC

\_\_\_\_\_  
Name of Limited Liability Company

1,21000344969

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.

David Roberts  
Signature of Resigning Agent

If signing on behalf of an entity:

Registered Agents Inc. by David Roberts

\_\_\_\_\_  
Typed or Printed Name

Assistant Secretary

\_\_\_\_\_  
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

2024 AUG -2 PM 3:14  
FILED  
STATE  
TALLAHASSEE, FL 32314