## Florida Department of State Division of Lorporations Electronic Biling Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT RESIGNATION LAVA FINANCE LLC

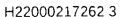
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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011	5, Florida Statutes, the unde	ersigned,		
REGISTERED AGENT	SINC		, hereby resigns as		
Registered Agent for _					
Lava finance LLC			,		
·	Name of Lin	nited Liability Company			
Document N	Sumber, if known	<del>- · - • · - • · · • · · · · · · · · · · </del>			
A copy of this resignat	ion was mailed to the	above listed limited liability	company at its last known address.		
The anancy is terminat	ed and the office disco	ontinued on the 31st day afte	er the date on which this statement is fi	iled.	
The agency is terminat	ed and me office disce				
	101	~ Glove			
		Signature of Resigning Agent			
If signing on behalf of	an entity:				
C C	Tom Glover		202;		
	-	Typed or Printed Name	2022 JUH - 1		
	Assistant Secretary		· · · · · · · · · · · · · · · · · · ·	اند	
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	FILING	FEES:	00		
	\$ 85.00 \$ 25.00	Active limited hability of Administratively dissolv	/ed/ voluntarily dissolved/		
		withdrawn limited liabi	lity company		

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