L23000144490

(Requestor's Name)		
(Address)		
(Address)		
(riddless)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(40000000)		
0.000.000.000		
Certified Copies Certificates of Status		
·		
Special Instructions to Filing Officer:		

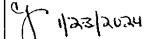


000412807280

12/22/23--01029--020 **25.00

2023(17):22 | [11] 7:42

Office Use Only



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Neville Ministries LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L23000146490	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
000	770 0000

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the unders	igned,	
United States Corporation Agents, Inc. , 1		, hereby resigns as	
	Name of Limited Liability Company	·	
L23000146490			
Document Nu	mber, if known		
A copy of this resignatio	n was mailed to the above listed limited liability co	ompany at its last known address.	
The agency is terminated	d and the office discontinued on the 31st day after t	he date on which this statement is filed.	
	Signature of Resigning Agent		
If signing on behalf of ar		2023 <u>i</u>	
	Cheyenne Moseley	• •	
	Typed or Printed Name	22	
	Asst. Secretary for United States Corporation Ager	nts, Inc.	
	Capacity		
		7: 42	

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