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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Novus Mark	eting LLC
•	Name of Limited Liability Company
DOCUMENT NUMBER: L2300	0326950
The enclosed Resignation of Regis for filing.	stered Agent for a Limited Liability Company and fee are submitted
Please return all correspondence co	oncerning this matter to the following:
United States Corporation Age	nts, Inc.
Name of Pers	son
Legalzoom.com, Inc.	
Name of Firm/Co	ompany
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zi	p Code
raresignations@legalzoom.cor	n
E-mail address: (to be used for futu	re annual report notification)
For further information concerning	g this matter, please call:
	at (773-0888
Name of Person	at () 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

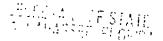
MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED-ÆGENT FOR A LIMITED LIABILITY COMPANY27 PM 12: 38



Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unders	igned,
United States Corporation Agents, Inc.		, hereby resigns as
	Name of Registered Agent	nercoy resigns as
Registered Agent for _	Novus Marketing LLC	
	Name of Limited Liability Company	·
L23000326950		
Document N	lumber, if known	
A copy of this resignat	ion was mailed to the above listed limited liability of	ompany at its last known address.
The agency is terminat	ed and the office discontinued on the 31st day after	the date on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of	an entity:	
Cheyenne Moseley		
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	nts, Inc.
	Capacity	

FILING FEES: \$85.00 Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 25.00

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