# L24000297273

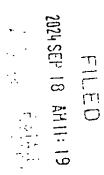
(Re	questor's Name)	<del></del>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	J. HORI	NE
	SEP 2 4 2	2024

Office Use Only



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#### COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Natiivo 2403 LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L24000297273	
The enclosed Resignation of Registered Agent for a Limited for filing.	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:	
Name of Person at (at (	773-0888  Daytime Telephone Number
Mea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the under	signed - A
United States Corporation Agents, Inc.	1024 SED ED
Name of Registered Agent	hereby resigns as
Registered Agent for Natiivo 2403 LLC	hereby resigns as  2024 SEP 18  AM11:
Name of Limited Liability Company	<del></del>
L24000297273	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability c	ompany 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.
Tik Treutlein Signature of Resigning Agent	<del></del>
If signing on behalf of an entity:	
Erik Treutlein	
Typed or Printed Name	
Vice President on behalf of United States Corporation Agr	ents, Inc.
Capacity	<del></del>

FILING FEES:

\$ 85.00 \$ 25.00 Active limited liability company
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