

MD5 000004012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

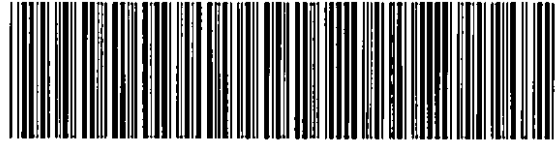
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 SEP 29 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVAD LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M05000004012

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:

RESIGNATIONS DEPARTMENT

Name of Person

CORPORATION SERVICE COMPANY

Name of Firm/Company

251 LITTLE FALLS DRIVE

Address

WILMINGTON, DE 19808

City/State and Zip Code

ANNUALREPORTS@CSCGLOBAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RESIGNATION DEPT _____ at (800 927-9801)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 013801 8323810
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 87.50 25.00

ORDER DATE : September 22, 2023
ORDER TIME : 12:58 PM
ORDER NO. : 013801-040
CUSTOMER NO: 8323810

CHANGE OF AGENT

NAME:

Avad LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Unassigned -- EXT#

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2023

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: AVAD LLC
Ref. Number: M05000004012

We have received your document for AVAD LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the LLC does not match the document number.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 823A00022712

RECEIVED
2023 OCT -3 AM 11:45
DIVISION OF CORPORATIONS
FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CORPORATION SERVICE COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for AVAD LLC

Name of Limited Liability Company

M05000004012

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.

Alexxis Weiland-Sorenson, ACP

Signature of Resigning Agent

If signing on behalf of an entity:

BY ALEXXIS WEILAND-SORENSEN

Typed or Printed Name

ASSISTANT VICE PRESIDENT

Capacity

FILING FEES:

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

2023 SEP 29 AM 11:41

FILED

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