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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (614)573-3996

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

Email Address: cls-agentresignations@wolterskluwer.com

LLC REGISTERED AGENT RESIGNATION AVS UNDERWRITING, LLC

Certificate of Status	0
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K. SALY

FEB - 1 2024

From. Anuj Mahaj

17135830905

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned.		, the undersigned,	· .	
C T CORPORATION S	SYSTEM	, hereby resigns as		
	Name of Registered Agent	. Herety resigns us	:	
Registered Agent for _	AVS UNDERWRITING, LLC		•••	— · .
	Name of Limited Liability Compan	ıy		<u>- : </u>
M06000003408				
Document N	himber, if known			
A copy of this resignati	ion was mailed to the above listed limited	I liability company at its last kno	own addre	:55.
The agency is terminate	ed and the office discontinued on the 31s	t day after the date on which thi	s statemer	nt is filed.
	Nancy Helm	-Brown		
	Signature of Resign	ing Agent		
If signing on behalf of	an entity:			
	NANCY HELM-BROWN			
	Expediat Printed Name			

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILING FEES:

Capacity

ASSISTANT SECRETARY

\$ 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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, F1, 32314