## Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:					

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VISION OF CORPORATIONS

## LLC REGISTERED AGENT RESIGNATION CAVE BUYERS, LLC

Certificate of Status	0		
Certified Copy	0		
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K. SALY

MAY 15 2024

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

			変きて
Pursuant to the provis	ions of section 605,0115, Florida Statute	s, the undersigned,	经多一
REGISTERED A	GENTS, INC.	, hereby resigns as	影子加
***************************************	Name of Registered Agent		SS - C
Registered Agent for	CAVE BUYERS, LLC		
			2
	Name of Limited Liability Compa	any	7
M1900000649	90		
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limite	ed liability company at its last h	known address.
The agency is termina	ated and the office discontinued on the 31	st day after the date on which	this statement is filed.
	David Bre Signature of Resign	YTS	
If signing on behalf of	f an entity:		
	David Robert Typed or Printed Nam		
	Assistant Secre Capacity	tary	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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