M19000008696

	(Requestor's Name)
	(Address)
	(Addicas)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(2)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



2023 AUS 21 AM 10

RECEIVED

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

ACCOUNT NO.	:	I200000019	95				
REFERENCE	:	942723	8323810				
AUTHORIZATION	: _	I A ROOM					
COST LIMIT	:	\$ \\ 85.00	Man				
ORDER DATE : August 17, 2023							
ORDER TIME : 1:50 PM							
ORDER NO. : 942723-005							
CUSTOMER NO: 8323810							
COSTOMER NO: 8323810							
CHANGE OF AGENT							
NAME: ANUVIA PLANT CITY LLC							
PLEASE RETURN THE FOLLOWING AS	PRO	OOF OF FILIN	IG:				
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker		EXT#					
		EXAMINER:					

COVER LETTER

SUBJECT: Anuvia Plant City LLC Name of Limited Liab	ility Company
DOCUMENT NUMBER: M19000008696	
The enclosed Resignation of Registered Agent for a Linfor filing.	nited Liability Company and fee are submitted
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	on)
For further information concerning this matter, please ca	ill:
RESIGNATION DEPT 800	927-9801
Name of Person at (ode Davtime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 60	05.0115, Florida Statu	tes, the undersigned,				
CORPORATION SERVICE COMPANY		hereby resigns a	hereby resigns as			
Name of Registe	red Agent	r.nervey reengins .				
Registered Agent for Anuvia Plant City	LLC					
					_	
Name	e of Limited Liability Con	npany			,-	
M19000008696						
Document Number, if known						
A copy of this resignation was mailed	to the above listed lim	ited liability company at its la	st known ac	ddress.		
The agency is terminated and the office	e discontinued on the I	31st day after the date on whic	this state	ment is	i filed.	
	Eylina Ba	(WC) dent				
	Signature of Res	igning Agent				
If signing on behalf of an entity:						
BY EYLIENA BAKER		Ä,	2			
	Typed or Printed Na	me	Ē	23		
VICE PRESID	ENT		AHV	A G		
	Capacity		TALLAHASSI	2023 AUG 2 I		
		•	û. Wu	>	<u> </u>	
•••	. No see		70	<u> </u>		
\$ 8	5.00 Active limite 5.00 Administrativ withdrawn li	d liability company vely dissolved/ voluntarily dis mited liability company	CORIUM SSOIVE	AM 10: 18		

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