

MA20000010264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

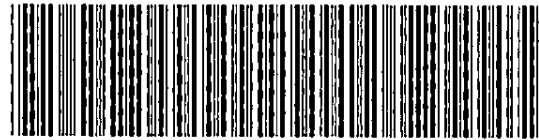
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300389249963

RECEIVED

2022 JUN -9 AM 11:28

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

2022 JUN -9 AM 9:45

STATE OF FLORIDA  
TALLAHASSEE, FL

cf 6/10/2022

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

ACCOUNT NO. : I20000000195  
REFERENCE : 732309 8323810  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 85.00

ORDER DATE : June 8, 2022  
ORDER TIME : 10:01 AM  
ORDER NO. : 732309-015  
CUSTOMER NO: 8323810

RESIGNATION OF RA

NAME: ANTEVE LLC

XX RESIGNATION OF RA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Unassigned-EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANTEVE LLC  
\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M20000010264  
\_\_\_\_\_

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

2022 JUN -9 AM 9:45

SEC. STATE  
TALL. HASSEE, FL

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 ANTEVE LLC

\_\_\_\_\_  
Name of Limited Liability Company

M20000010264

\_\_\_\_\_  
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.

  
Assistant Vice President

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

BY EYLIENA BAKER

\_\_\_\_\_  
Typed or Printed Name

VICE PRESIDENT

\_\_\_\_\_  
Capacity

**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  
Tallahassee, FL 32314**