P97000036984

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(3.7,2.3.3.2.)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
· 		
		
Special Instructions to Filling Officer.		

Office Use Only



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STALL MINNSEE. FL

COVER LETTER

TO: Amendment Section Division of Corporations	
LARA HOLDINGS, INC. SUBJECT:	
(Name of Co	orporation)
DOCUMENT NUMBER: P97000036984	
The enclosed Resignation of Registered Agent for a C	Corporation and fee are submitted for filing
Please return all correspondence concerning this matt	er to the following:
Stephen Scruby	
(Name of Person)	 -
Nelson Mullins	
(Name of Firm/Company)	
50 N. Laura St., Suite 4100	
(Address)	
Jacksonville, Florida 32202	
(City/State and Zip Code)	 _
For further information concerning this matter, please	e call:
Stephen Scruby 904 at (6653610
(Name of Person) (Are	a Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Daniel B. Nunn, Jr.
(Name of Registered Agent)
hereby resigns as Registered Agent for LARA HOLDINGS, INC.
(Name of Corporation)
P97000036984
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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.
W CBO
(Signature of Resigning Agent)
If signing on behalf of an entity:
Stephen Scirch (Typed or Printed Name)
Chacity

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314