# 7000123159

(Requestor's Name)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 986436 8323810					
AUTHORIZATION :					
COST LIMIT : \$ ,85.00					
ORDER DATE : September 2, 2021					
ORDER TIME : 3:09 PM					
ORDER NO. : 986436-040					
CUSTOMER NO: 8323810					
RESIGNATION OF REGISTERED AGENT					
NAME: NOVAPAY, LLC					
XX REGISTRATION					
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**

SUBJECT: Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L17000123159	- <u>-</u> -
The enclosed Resignation of Registered Agent for a Limite for filing.	d 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)	_
For further information concerning this matter, please call:	
RESIGNATION DEPT 800	927-9801
Name of Person at ( 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

### **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 pro-	visions of section 605.011	15, Florida Statutes, the un	dersigned.
CORPORATION SERVICE COMPANY  Name of Registered Agent		, hereby resigns as	
		ent	Refety resigns as
Registered Agent fo	or NOVAPAY, LLC		
	Name of Lit	mited Liability Company	<u> </u>
L17000123159			
Docume	ent Number, if known		
A copy of this resig	mation was mailed to the	above listed limited liabili	tv company at its last known address.
The agency is termi		ontinued on the 31st day at the state of Resigning Agen	fter the date on which this statement is filed.
If signing on behalt	of an entity:		
	BY EYLIENA BAK	IER	c-3
	VICE PRESIDENT	Typed or Printed Name	2
	FILING	Capacity	company lved/ voluntarily dissolved

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