L18000158684

(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:

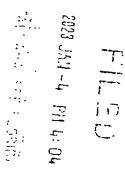
Office Use Only

A. RIVERS MAR 1 3 2023



200399783072

01/04/23--01008--017 **65.00







2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone 888-272-3725 Fax 800-603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

Date: December 27, 2022

Cori Ann Crosthwaite

Vendor#

1960

IAE: IEmail:

ccrosthwaite@myparacorp.com

TO:

Florida Department of State

Ref Number:

1892057

Division of Corporations PO Box 6327 Tallahassee, FL 32314

1

Return Shipping:

FAX:

850-687-6381

EMAIL:

LIVIAIL.

NAME:

BUZZBAIT CONSULTING LLC

FILE REGISTERED AGENT RESIGNATION

State

County

FL

PLEASE EMAIL OR FAX A COPY OF RESULTS

If the document is black and white, please return it to via e-mail and regular mail. If the document has color or any raised seals, please send it via:

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET 888-272-3725

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.011	5, Florida Statutes, the unde	ersigned,		
ROCKET LAWYER CORPORATE SERVICES LLC			, hereby resigns as		
Name of Registered Agent			_,		
Registered Agent for	BUZZBAIT CONS	ULTING LLC			
	Name of Lim	nited Liability Company		,	
L18000158684					
Document I	Number, if known				
A copy of this resigna	tion was mailed to the a	above listed limited liability	company at its last kn	own address.	
The agency is termina	ted and the office disco	ntinued on the 31st day after	er the date on which thi	s statement is filed.	
	1-12-1-14-1-14-1-1-14-1-1-1-1-1-1-1-1-1-	Signature of Resigning Agent			
If signing on behalf of	an entity:				
	EDNA PERRY				
	т	yped or Printed Name			
	Asst. Secretary Rocket Lawyer Corporate Services		LLC	2023	
		Capacity		THE LEAD OF THE PARTY OF THE PA	
	DIL INCO	rero		37	
	FILING \$ 85.00 \$ 25.00	Active limited liability c Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily dissolv lity company		

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