

K2C 000 166954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

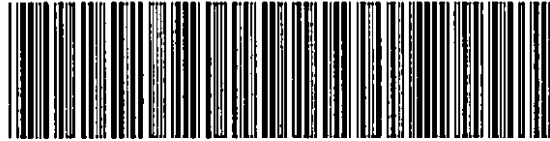
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900375407489

10/22/21--01009--007 **25.00

FILED

2021 OCT 22 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FL

NOV 1 2021



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: October 15, 2021

Vendor # 1960

TO: Florida Department of State
New Filing Section - Division of Corporations
PO Box 6327 Tallahassee, FL 32314

AE: Cori Ann Crosthwaite

Email: ccrosthwaite@myparacorp.com

Ref Number: 1662439

Return Shipping:

FAX:

EMAIL:

NAME: **CRITICAL AUTO DETAILING COMPANY**
LLC

FILE REGISTERED AGENT RESIGNATION

State

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 provisions of section 605.0115, Florida Statutes, the undersigned,

ROCKET LAWYER CORPORATE SERVICES LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for Critical Auto Detailing Company LLC

Name of Limited Liability Company

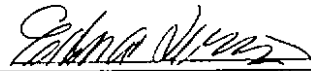
L20000166954

Document Number, if known

FILED
2021 OCT 22 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FL

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.



Signature of Resigning Agent

If signing on behalf of an entity:

EDNA PERRY

Typed or Printed Name

Asst. Secretary Rocket Lawyer Corporate Services LLC

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