Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000287484 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: PARASEC

Account Number : I20180000086

Phone

: (916)576-7000

Fax Number

: (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT RESIGNATION FIRST THOUGHT LLC

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SEP 27 2019

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Name of	Limited Liability	Company	
DOCUMENT NUMBER: L18000222448	•		
The enclosed Resignation of Registered Agree for filing.		Liability Company and fee are submitt	ed
Please return all correspondence concerning	this matter to th	e following:	
Cori Ann Crosthwaite			
Name of Person			
Parasec			
Name of Firm/Company	_		
2804 Gateway Oaks Dr. # 100			
Address			
Sacramento, CA 95833			
City/State and Zip Code			
rlops@parasec.com			
E-mail address: (to be used for future annual re	port notification)		
For further information concerning this mat	ter, please call:		
Cori Ann Crosthwaite	800	533-7272	
Name of Person	at (Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Flability company or \$25.00 for an administ liability company.	orida Department ratively dissolved	t of State for \$85.00 for an active limited, voluntarily dissolved or withdrawn be	ed imitec
MAILING ADDRESS:	STREE	ET ADDRESS:	
Registration Section		ation Section	
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building 2661 Executive Center Circle		
Tallahassee, FL 32314		ussee, FL 32301	

09/25/2019 15:48 PARASEC P.002/003

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Sta	tutes, the undersigned,
Rocket Lawyer Cor	porate Services LLC	, hereby resigns as
	Name of Registered Agent	,,,
Registered Agent for FI	RST THOUGHT LLC	
	Name of Limited Liability C	ompany ,
L18000222448		
Document Nu	imber, if known	
A copy of this resignation	on was mailed to the above listed i	imited liability company at its last known address.
The agency is terminate	d and the office discontinued on th	ne 31st day after the date on which this statement is filed.
	L Herrero	Resigning Agent
If signing on behalf of a	n entity:	
	Leticia Herrera	
	Typed or Printed	Name
	Assistant Secretary	
	Capacity	

FILING FEES: \$85.00 Active \$25.00 Admi Active limited liability company
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

INHS17 (2/14)

010/9/2916(XAT) 09/25/2019 15:49 PARASEC P.003/003