L18000 148386

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				



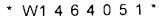


800351879728

08/14/20--01018--004 **25.00

2020 SEP IL PM 3: 20

Ju 10/20/20





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: S

September 09, 2020

Vendor#

H1080

TO:

Florida Department of State

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX:

EMAIL:

AE:

Cori Ann Crosthwaite

Email:

ccrosthwaite@myparacorp.co

m

Ref Number:

1464051

NAME:

BELLS OF JOY CHILD DEVELOPMENT

CENTER LLC

REGISTERED AGENT RESIGNATION FILING

<u>State</u>

FL

SPECIAL INSTRUCTIONS:

Requesting 1 plain copy

PLEASE EMAIL OR FAX A COPY OF RESULTS

Please return via: Regular Mail

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

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 provision	ns of section 605.0115, Florida Statut	es, the undersigned,			
Rocket Lawyer Corp	porate Services LLC	, hereby resigns as			
	Name of Registered Agent	· ·			
Registered Agent for BE	ELLS OF JOY CHILD DEVELO	OPMENT CENTER LLC			
	Name of Limited Liability Com	pany		.,	
L18000148386					
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the above listed limi	ted liability company at its last k	nown address.		
The agency is terminated	d and the office discontinued on the 3		his statement is		
If signing on behalf of a	n entity:		1.5	2020 SEP	أهام
	EDNA PERRY		3.3	9	1342-1411 1342-1411 2
	Typed or Printed Na	me	533	Ŧ	نمانية :
	Asst. Secretary Rocket Lawy	er Corporate Servi	公司	P	و د ځ
	Сарасіtу		STATE E, FL	3: 20	ر

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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