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COVER LETTER

Name o	f Limited Liab	lity Company
DOCUMENT NUMBER: L1000001934	15	<u> </u>
The enclosed Resignation of Registered Ag for filing.	gent for a Lim	ited Liability Company and fee are submitte
Please return all correspondence concernin	g this matter t	o the following:
Ed Tsuji		
Name of Person		
MyCompanyWorks, Inc.		
Name of Firm/Company		
187 E. Warm Springs Rd., Suite B		
Address		
Las Vegas, NV 89119		
City/State and Zip Code		
orders@mycompanyworks.com		
E-mail address: (to be used for future annual	report notificatio	n)
For further information concerning this ma	itter, please ca	II:
Jennifer Peters	702 at (362-2677
Name of Person	Area Co	ode Daytime Telephone Number

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the un	dersigned.	2.21 HKR 12
InCorp Services, Ir	nc.	, hereby resigns as	壽
	Name of Registered Agent	, nereby resigns as	12
Registered Agent for	Paremo Solutions LLC		
			6.5
	Name of Limited Liability Company		
L10000019345			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limited liabili	ty company at its last kno-	wn address.
	ed and the office discontinued on the 31st day at Signature of Resigning Agen)_	statement is filed.
If signing on behalf of a	in entity:		
	Jennifer Peters		
	Typed or Printed Name		
	Assistant Secretary		
	Capacity		

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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