

L16 00000 2312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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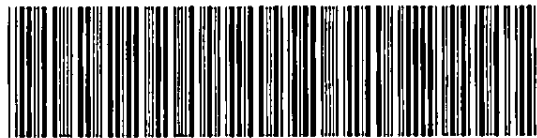
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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RA Resignation

AUG 10 2019

D CUSHING



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone 888-280-6115 Fax 800-603-5868

**REFERENCE # MUST BE ON INVOICE TO BE PAID**

Date: July 31, 2019

Vendor # **H1080**

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: **1338067**

FAX:

EMAIL:

NAME: **C.FUSON RETAIL LLC**

**REGISTERED AGENT RESIGNATION FILING**

State

FL

**SPECIAL INSTRUCTIONS:**

file date 07/31/2019

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**  
888-280-6115

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**DIVISION OF CORPORATIONS**  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C.FUSON RETAIL LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000002312

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the 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 report notification)

For further information concerning this matter, please call:

Cori Ann Crosthwaite

Name of Person

at (800)

Area Code

533-7272

Daytime Telephone Number

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DIVISION OF CORPORATIONS  
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Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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 provisions of section 605.0115, Florida Statutes, the undersigned,

Rocket Lawyer Corporate Services LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for C.FUSON RETAIL LLC

Name of Limited Liability Company

L16000002312

Document Number, if known

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

Assistant Secretary

Capacity

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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## **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