LI70000 221369

(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:

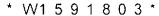
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10.





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:

April 21, 2021

Vendor # 1960

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:

per: 1591803

NAME: RANDY'S BARTENDING SERVICES LLC

REGISTERED AGENT RESIGNATION FILING

State

FL

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 provis	ions of section 605.01	15, Florida Statutes, the unc	lersigned,			
ROCKET LAWYER CORPORATE SERVICES LLC			, hereby resigns a	15		
	Name of Registered Ag	ent	, no.co, realgar	•••		
Registered Agent for	Randy's Bartending	g Services LLC				_
	Nama of Lie	nited Liability Company			······································	
	Name of Li	писа глаотну Сотрапу				
L17000221369						
Document	Number, if known					
A copy of this resigna	tion was mailed to the	above listed limited liability	y company at its las	st known	addre	ss.
The agency is termina	ted and the office disco	ontinued on the 31st day aft	er the date on whic	h this sta	atemen	t is filed.
	Salna W	Signature of Resigning Agent				
		Signature of Resigning Agent		-1		
If signing on behalf of an entity:				110	2021 APR 29	
EDNA PERRY				LAHASSI	ΑP	77:
	Typed or Printed Name			Ā. So:	R 2	**************************************
Asst. Secretary Rocket Lawyer Corporate Services LLC			s LLC			1
		Capacity			PM II: 03	; ; ;
					==	نر،
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liabi	company ved/ voluntarily dis lity company	FLORIDA solved	03	

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314