K170002279604

| (Requestor's Name) | |
|---|---|
| | |
| (Address) | |
| | |
| (Address) | _ |
| | |
| (City/State/Zip/Phone #) | _ |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | _ |
| | |
| Certified Copies Certificates of Status | _ |
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| Special Instructions to Filing Officer: | |
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Office Use Only

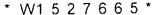


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FEB 13 2021 S. YOUNG







2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone 888-272-3725 Fax 800-603-5868

Cori Ann Crosthwaite

ccrosthwaite@myparacorp.co

REFERENCE # MUST BE ON INVOICE TO BE PAID

1527665

AE:

Email:

Ref Number:

Date:

December 29, 2020

Vendor#

H1080

Florida Department of State

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX:

TO:

EMAIL:

NAME:

JACER COLLINS 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 provisi | ions of section 605.0115, Florida Statutes, the unde | rsigned, |
|---|---|---|
| ROCKET LAWYER CORPORATE SERVICES LLC , hereby | | , hereby resigns as |
| | Name of Registered Agent | |
| Registered Agent for | JACER COLLINS LLC | |
| | Name of Limited Liability Company | · |
| L17000229604 | | |
| Document : | Number, if known | |
| A copy of this resigna | tion was mailed to the above listed limited liability | company at its last known address. |
| The agency is termina | ted and the office discontinued on the 31st day afte | at the date on which this statement is filed. |
| | Signature of Resigning Agent | 2021 JAN |
| If signing on behalf of an entity: | | ហ |
| | EDNA PERRY | PH 12: 12 |
| | Typed or Printed Name | |
| | Asst. Secretary Rocket Lawyer Corporate Services | LLC |
| | Capacity | 13 |

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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