# 117000264314

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

Office Use Only



100359271841

02/08/21--01033--005 \*\*25.00



O SIMMON:





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: February 02, 2021

Vendor# 108090 IAE: Email: Cori Ann Crosthwaite

ccrosthwaite@myparacorp.co

Florida Department of State New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Ref Number:

1555775

FAX:

TO:

EMAIL:

NAME:

VIRTUAL-DOCS 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 605.0115, Florida Statutes, the t	undersigned,	
ROCKET LAWYER C	ORPORATE SERVICES LLC	, hereby resigns as	
Name of Registered Agent		, nereby resigns as	2021
Registered Agent for	VIRTUAL-DOCS LLC		2021 FEB
			8-·
	Name of Limited Liability Company		
	, <u>, , , , , , , , , , , , , , , , , , </u>	٤	PK
L17000264314			5
Document Number, if known			. 19
A copy of this resigna	tion was mailed to the above listed limited liab	ility company at its last know	n address.
The agency is termina	ted and the office discontinued on the 31st day	after the date on which this s	tatement is filed.
	Signature of Resigning Ag	gent	
If signing on behalf of	f an entity:		
	EDNA PERRY		
	Typed or Printed Name		
	Asst. Secretary Rocket Lawyer Corporate Serv	rices LLC	
	Capacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

. . . .