L18 00000 15392

(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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Office Use Only

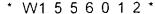


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2804 Gateway Oaks: Drive #100 Sacramento, CA 95833

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

Cori Ann Crosthwaite

ccrosthwaite@myparacorp.co

REFERENCE # MUST BE ON INVOICE TO BE PAID

1556012

Date: February 03, 2021

Vendor# 108090 Email:

TO: Florida Department of State

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL32314

FAX:

EMAIL:

AE:

Ref Number:

BOYD CREST LLC NAME:

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 unde	ersigned,			
ROCKET LAWYER C	_ , hereby resigns as	, ,	202		
Name of Registered Agent		, hereby resigns as		2021 FEB	
Registered Agent for	BOYD CREST LLC			Ť	
				<u> </u>	· .
	Name of Limited Liability Company		7	R 2:	,
L18000015392				5	
Document	Number, if known				
	tion was mailed to the above listed limited liability ated and the office discontinued on the 31st day after				
	Signature of Resigning Agent				
If signing on behalf of	f an entity:				
	EDNA PERRY				
	Typed or Printed Name				
	Asst. Secretary Rocket Lawyer Corporate Services	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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