

2/10/2020

L18000036149

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6383

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Account Name : PARASEC
Account Number : I20180000086
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TALLAHASSEE, FL 32304

LLC REGISTERED AGENT RESIGNATION
WALL ST RABBI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Y. SULKER

FEB 12 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WALL ST RABBI, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000036149

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:

Jason Batalla

Name of Person

Parascc

Name of Firm/Company

2804 Gateway Oaks Dr. # 100

Address

Sacramento, Ca 95833

City/State and Zip Code

risos@parascc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Batalla

at (800) 533-7272

Name of Person

Area Code

Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 WALL ST RABBI, LLC

Name of Limited Liability Company

L18000036149

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:

Leticia Herrera

Typed or Printed Name

Assistant Secretary

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

INHS17 (2/14)

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