118000036149

(Re	questor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	-
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	-	





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R. WHITE MAY 10 2021

COVER LETTER

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 Parasec Name of Firm/Company 2804 Gateway Oaks Dr. # 100 Address Sacramento, Ca 95833 City/State and Zip Code rlsos@parasec.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jason Batalla 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

Registration Section Division of Corporations

TO:

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, F	lorida Statutes, the undersigned.		
Rocket Lawyer Corporate Services LLC	, hereby resigns as	. hereby resigns as	
Name of Registered Agent			
Registered Agent for WALL ST RABBI, LLC		· · · · · · · · · · · · · · · · · · ·	
Name of Limited	Liability Company	<u></u> ,	
L18000036149			
Document Number, if known	_		
A copy of this resignation was mailed to the above	re listed limited liability company at its last known	address.	
N. Upra	nued on the 31st day after the date on which this state	emera is med.	
If signing on behalf of an entity:			
Leticia Herrera			
Турес	or Printed Name		
Assistant Secretary			
	Capacity		
		;	
FILING FEES:		:	
\$ 85.00 A \$ 25.00 A	active limited liability company administratively dissolved/voluntarily dissolved/ withdrawn limited liability company		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