# L18000124197

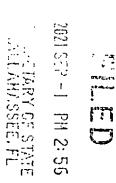
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		1

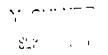




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2804 Gateway Oaks Drive #100 Sacramento. CA 95833 Phone 888-272-3725 Fax 800-603-5868

# REFERENCE # MUST BE ON INVOICE TO BE PAID

Date: August 24, 2021

¦AE:

Cori Ann Crosthwaite

Vendor # 1960

IEmail:

I ¡Ref Number: ccrosthwaite@myparacorp.com

TO:

Florida Department of State

New Filing Section - Division of Corporations

PO Box 6327 Tallahassee, FL 32314

1630692

FAX:

EMAIL:

NAME: 1912, 1914 FERN PALM EDGEWATER

LLC

### FILE REGISTERED AGENT RESIGNATION

State

FL

# PLEASE EMAIL OR FAX A COPY OF RESULTS

If the document is black and white, please return it to via e-mail and regular mail. If the document has color or any raised seals, please send it via:

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, I	Florida Statutes, the unde	rsigned,		
ROCKET LAWYER CORPORATE SERVICES LLC		_ , hereby resigns as			
	Name of Registered Agent		, , motory tomeno un		
Registered Agent for _	1912, 1914 Fern Palm	Edgewater LLC			
	Name of Limited	1 Liability Company		·	
L18000124197					
Document i	Number, if known	_			
A copy of this resigna	tion was mailed to the abo	ve listed limited liability	company at its last known a	address.	
The agency is termina	ted and the office disconti	nued on the 31st day afte	r the date on which this stat	ement is f	īled.
	<u>Palena Viva</u>	ignature of Resigning Agent			
If signing on behalf of	an entity:			21	
•	EDNA PERRY		<u> </u>	1913	
	Турс	d or Printed Name		ΞŰ,	رزان معامل وی
	Asst, Secretary Rocket L	awyer Corporate Services	LLC AND	1	ممحمد
		Capacity		РМ	(mend)
	\$ 25.00 A	Active limited liability co	ed/ voluntarily dissolved/ -	PH 2: 56	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314