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

From:

Account Name : PARASEC
Account Number : I20180000086
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**LLC REGISTERED AGENT RESIGNATION
BURLY DEFENSE LLC**

Certificate of Status	0
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SEP 13 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BURLY DEFENSE LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000185760

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:

Cori Ann Crosthwaite

Name of Person

Parasec

Name of Firm/Company

2804 Gateway Oaks Dr # 100

Address

Sacramento, Ca 95833

City/State and Zip Code

rlops@parasec.com

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

For further information concerning this matter, please call:

Cori Ann Crosthwaite

Name of Person

at

800

Area Code

533-7272

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

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
Name of Registered Agent

Registered Agent for Burly Defense LLC

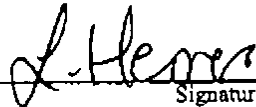
Name of Limited Liability Company

L18000185760

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

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)

FILED
19 SEP 12 AM 10:36
TALLAHASSEE, FLORIDA
CLERK OF THE DIVISION OF CORPORATIONS