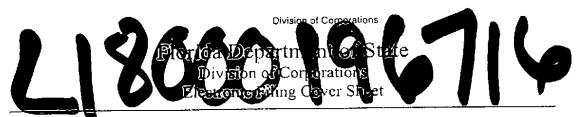
To: 18506176383 From: 19165767010 Date: 11/12/19 Time: 2:09 PM Page: 01/03

11/12/2019



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(((H19000332508 3)))



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To:

Division of Corporations

fax Number : (850)517-5383

From:

Ų.

Account Name : PARASEC

Account Number : 120180000086

Phone (916)576-7000

Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT RESIGNATION

CARMONAS CONSTRUCTION GROUP LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
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· COVER LÈTTER

| то: | Registration Section Division of Corporations | |
|-------|---|---|
| SUBJ | CARMONAS CONSTRUC | |
| | Name | of Limited Liability Company |
| DOC | UMENT NUMBER: L180001967 | 716 |
| The e | nclosed Resignation of Registered . ling. | Agent for a Limited Liability Company and fee are submitted |
| Pleas | e return all correspondence concern | ing this matter to the following: |
| Cori | Ann Crosthwaite | |
| | Name of Person | |
| Para | sec | |
| - | Name of Firm/Company | у |
| 2804 | 4 Gateway Oaks Dr # 100 | |
| | Address | |
| Saci | amento, Ca 95833 | |
| | City/State and Zip Code | |
| rlops | s@parasec.com | |

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

For further information concerning this matter, please call:

Name of Person

MAILING ADDRESS:

Cori Ann Crosthwaite

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 To: 18506176383 From: 19165767010 Date: 11/12/19 Time: 2:09 PM Page: 03/03

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.01 | 15, Florida Statutes, | , the undersigned, | | |
|--|--|--|--------------|----------------|
| Rocket Lawyer Corporate Services | LLC | , hereby resigns as | | |
| Name of Registered Ag | gent | | | |
| Registered Agent for CARMONAS CON | VSTRUCTION G | ROUP LLC | | |
| Name of L | imited Liability Compan | пу | | |
| L18000196716 | | | | |
| Document Number, if known | | | | |
| A copy of this resignation was mailed to the | e above listed limited | d liability company at its last | known ad | dress. |
| The agency is terminated and the office disc | continued on the 31s | | this stater | nent is filed. |
| If signing on behalf of an entity: | | ÿ - | ر م | |
| Leticia Herrera | 1 | L., | E I AON 6132 | |
| | Typed or Printed Name | | 5 0 | *** |
| Assistant Secr | etary | | | |
| | Capacity G FEES: | | ម ក្ | F) |
| \$ 85.00 \$ 25.00 | Active limited I Administrativel withdrawn limit | liability company ly dissolved/ voluntarily dissited liability company | solved/ | |

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