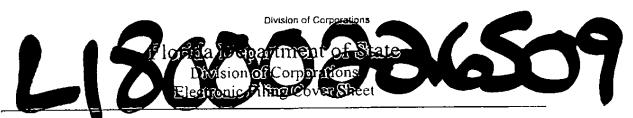
Date: 11/12/19 Time: 3:47 PM Page: 01/03 To: 18506176383 From: 19165767010

11/12/2019



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(((H19000333066 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : 120180000086 : (916)576-7000 Phone

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.\*\*

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# LLC REGISTERED AGENT RESIGNATION PROFESSIONAL PROJECT ORGANIZATION LLC

Certificate of Status	0
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### **COVER LETTER**

TO: Registration Section Division of Corporations

PROFESSIONAL PROJECT ORGANIZATION	ON LLC
Name of Limited Liability	
DOCUMENT NUMBER: L18000226509	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are subm
Please return all correspondence concerning this matter to the	e 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 800	533-7272 Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 itted

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.011.	<ol><li>Florida Statutes, the u</li></ol>	indersigned,		
Rocket Lawyer Co	rporate Services L	LC	, hereby resigns	as	
	Name of Registered Ager	n:	·		
Registered Agent for	PROFESSIONAL F	PROJECT ORGANI	ZATION LLC		
	Name of Lim	nited Liability Company		·	
L18000226509					
Document 3	Number, if known	<del></del>			
		nbove listed limited liable on the 31st day  Signature of Resigning Ag	after the date on wh	nich this s	
If signing on behalf of	an entity:		<del>;</del>		
	Leticia Herrera		<u> </u>	2819 NOV 1.3	4 4
	Т	Typed or Printed Name			
	Assistant Secret	tary	[];		117
		Cupacity FEES:	1. 	T E 22	

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

419003330663

INHS17 (2/14)