

11/12/2019

Division of Corporations

L18000226509

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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Account Number : 120180000086
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Fax Number : (800)603-5868

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**LLC REGISTERED AGENT RESIGNATION
PROFESSIONAL PROJECT ORGANIZATION LLC**

Certificate of Status	0
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Page Count	01
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFESSIONAL PROJECT ORGANIZATION LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000226509

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 800 533-7272
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

, hereby resigns as

Name of Registered Agent:

Registered Agent for PROFESSIONAL PROJECT ORGANIZATION LLC

Name of Limited Liability Company

L18C00226509

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

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2019 NOV 13 P 12:32
TALLAHASSEE, FL

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