

10/3/2019

Division of Corporations

L18000229937

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : PARASEC
Account Number : I201800000086
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.****

Email Address: Rlops@PARASEC.COM

LLC REGISTERED AGENT RESIGNATION ERRANT SECURITY LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Errant Security LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000229937

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

rlaps@parasec.com

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

For further information concerning this matter, please call:

Cori Ann Crosthwaite

at (800) 533-7272

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

, hereby resigns as

Name of Registered Agent

Registered Agent for ERRANT SECURITY LLC

Name of Limited Liability Company

L18000229937

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:

Edna Perry

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

DNHS17 (2/14)

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