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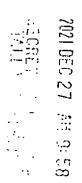
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Phone 888-272-3725 Fax 800-603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

Date:

December 15, 2021

AE:

Cori Ann Crosthwaite

Vendor#

1960

iEmail:

ccrosthwaite@myparacorp.com

TO:

Florida Department of State

Division of Corporations PO Box 6327

Tallahassee, FL 32314

1703478

Ref Number:

Return Shipping:

FAX:

850-687-6381

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NAME:

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HIGHLANDS FLOORING & CUSTOM TILE

<u>LLC</u>

FILE REGISTERED AGENT RESIGNATION

State

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PLEASE EMAIL OR FAX A COPY OF RESULTS

If the document is black and white, please return it to via e-mail and regular mail. If the document has color or any raised seals, please send it via:

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, F	lorida Statutes, the under	signed,			
ROCKET LAWYER CORPORATE SERVICES LLC		, hereby resigns as				
	Name of Registered Agent		, nerooy rosigns as			
Registered Agent for _	HIGHLANDS FLOOR	ING & CUSTOME T	ILE LLC			
	Name of Limited	Liability Company			,	
L18000282446		_				
Document ?	Number, if known					
A copy of this resignat	tion was mailed to the above	e listed limited liability o	company at its last k	nown ad	dress.	
The agency is terminat	ted and the office discontin	ued on the 31st day after	the date on which t	his staten	nent is	filed.
	Salma Wine	2				
	Si	mature of Resigning Agent				
If signing on behalf of	an entity:			750 750	2021 DE¢	
	EDNA PERRY				<u> </u>	, ,
	Турех	or Printed Name			N	
	Asst. Secretary Rocket La	wyer Corporate Services L	LC		~	
		Capacity		• •		
				-	ŕδ	:- /
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	FILING FE	ES:				
	\$ 85.00 A \$ 25.00 A	ctive limited liability co dministratively dissolve vithdrawn limited liabilit	mpany d/ voluntarily disso y company	lved/		

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