Division of Corporations Electronic Filing Cover Sheet

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(((H200000515613)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PARASEC
Account Number : I20180000086

Phone : (916)!
Fax Number : (800)!

: (916)576-7000 : (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 TRENDESCENDENT LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations	
TRENDESCENDENT LLC	
SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L19000041768	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Jason Batalla	
Name of Person	
Parasec	
Name of Firm/Company	
2804 Gateway Oaks Dr # 100	
Address	
Sacramento, Ca 95833	
City/State and Zip Code	
rlsos@parasec.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jason Batalla 800 at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statu	tes, the undersigned,	
Rocket Lawyer Corporate Services LLC		, hereby resigns as	
	Name of Registered Agent	. , -	
Registered Agent for	FRENDESCENDENT LLC		
	Name of Limited Liability Con	npany	
L19000041768			
Document	Sumber, if known		
		atted liability company at its last known address. 31st day after the date on which this statement is finding Agent ALLAHASS	lec
If signing on behalf of	an entity: leticia Herrera	(T)	
	Typed or Printed Na	ame Si d	
	Assistant Secretary	ame CORIDA	_
	Capacity	»`` 0	
	FILING FEES:	ed liability company	

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

\$ 25.00

INHS17 (2/14)

(H200000515613)

Administratively dissolved/voluntarily dissolved/

withdrawn limited liability company