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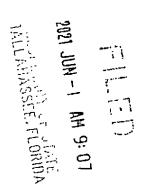
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Special Instructions to F	iling Officer:				
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Office Use Only



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2804 Gateway Oaks Drive #100 Sacramento, CA 95833

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

## REFERENCE # MUST BE ON INVOICE TO BE PAID

Date:

May 26, 2021

Vendor#

1960

AE:

Cori Ann Crosthwaite

Email:

ccrosthwaite@myparacorp.co

m

TO:

Florida Department of State

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL32314

FAX:

EMAIL:

Ref Number:

1610490

NAME:

**WERDOMAINS LLC** 

REGISTERED AGENT RESIGNATION FILING

<u>State</u>

FL

## PLEASE EMAIL OR FAX A COPY OF RESULTS

Please return via: Regular Mail

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET 888-272-3725

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

Pursuant to the provisi	ons of section 605.011	5, Florida Statutes, the under	signed,			
ROCKET LAWYER CORPORATE SERVICES LLC			, hereby resigns as			
	Name of Registered Age		, neredy realigns as			
Registered Agent for _	WERDOMAINS L	LC				
	Name of Lin	nited Liability Company			,	
L19000117689						
Document ?	Number, if known	<del></del>				
A copy of this resignat	ion was mailed to the a	above listed limited liability of	company at its last k	nown ad	dress.	
_		·				
The agency is terminat	ted and the office disco	ontinued on the 31st day after	the date on which the	his staten	nent is I	iled.
	Palna W	222				
		Signature of Resigning Agent	<del></del>			
If signing on behalf of	an entity:					
	EDNA PERRY					
	T	Syped or Printed Name	<del></del>			
	Asst. Secretary Rocke	et Lawyer Corporate Services L	.LC			
		Capacity				
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolver withdrawn limited liabilit	d/ voluntarily dissol	TALL ASSE	2021 JUN - I	
	Make checks payab	ole to Florida Department of S Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	tate and mail to:	DE CORIDA EL FLORIDA	AM 9: 07	