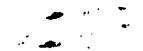
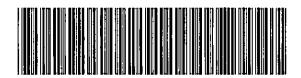
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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
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Consist Instructions to Ellips Officer
Special Instructions to Filing Officer:

Office Use Only



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Ja 10/23/20



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: September 10, 2020

AE:

Cori Ann Crosthwaite

Vendor# H1080

Email:

ccrosthwaite@myparacorp.co

m

TO:

Florida Department of State

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Ref Number:

1489661

FAX:

EMAIL:

NAME:

**BRODSKY RENOVATIONS LLC** 

#### REGISTERED AGENT RESIGNATION FILING

State

FL

**SPECIAL INSTRUCTIONS:** 

Requesting 1 plain copy

#### 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 provision	s of section 605,011;	5, Florida Statutes, the u	ndersigned,			
Rocket Lawyer Corporate Services LLC, hereby res						
· · · · · · · · · · · · · · · · · · ·	Name of Registered Ager					
Registered Agent for BF	RODSKY RENOV	/ATIONS LLC		<del>.</del> –		
	Name of Lim	ited Liability Company		_		
L19000196871						
Document Nu	mber, if known	<del></del>				
A copy of this resignatio	n was mailed to the a	bove listed limited liabil	lity company at its last	known ad	dress.	
The agency is terminated	and the office disco	ntinued on the 31st day a	after the date on which	this stater	nent is	filed.
If signing on behalf of an entity:				}	202	
	EDNA PERRY				33.0	
	7	yped or Printed Name	<del></del>	≥⊒	<del>-</del>	egarence egarence
	Asst. Secretary	Rocket Lawyer Corp	orate Servi	RY OF	8	المساوعة إ
		Capacity		OF STATE SEE, FL	2020 SEP 18 AM 10: 33	
	FILING \$ 85.00 \$ 25.00	Active limited liabilit	olved/ voluntarily diss	olved/		

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