## L19000206184

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





800352072838

09/18/20--01015--012 \*\*25.00

2020 SEP 18 AM 10: 34

JU 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:

1485817

FAX:

EMAIL:

NAME:

MIGHTY FINE MERCH 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 provisions of section 605.011.	5, Florida Statutes, the under	signed,			
Rocket Lawyer Corporate Services LLC		, hereby resigns as			
Name of Registered Ages	nt				
Registered Agent for MIGHTY FINE MEI	RCH LLC			_	
Name of Lin	nited Liability Company			_,	
L19000206184					
Document Number, if known	<del></del>				
A copy of this resignation was mailed to the a	above listed limited liability of	company at its last knowl	n address	S.	
The agency is terminated and the office disco	Signature of Resigning Agent	the date on which this st	latement	is filed	i.
If signing on behalf of an entity:	· ·		<. ^	2(	
EDNA PERRY		_	X	)20 :	
	yped or Printed Name Rocket Lawyer Corpora	ite Servi		2020 SEP 18	**************************************
	Capacity		ASSEB ASSEB		
<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabilit	d/ voluntarily dissolved/	STATE S. FL	AM 10: 34	

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