L19 000 211962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
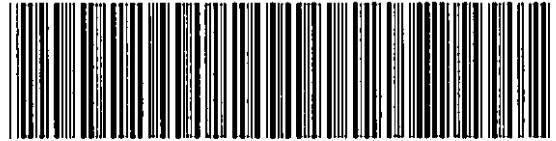
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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Office Use Only

JQ 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.com
TO: Florida Department of State New Filing Section - Division of Corporations PO Box 6327 Tallahassee, FL 32314	Ref Number: **1492337**
FAX:	
EMAIL:	

NAME: **<u>AVIDO NETWORKS LLC</u>**

REGISTERED AGENT RESIGNATION FILING

<u>State</u>

FL

SPECIAL INSTRUCTIONS:

Requesting 1 plain copy

PLEASE EMAIL OR FAX A COPY OF RESULTS

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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 605.0115, Florida Statutes, the undersigned,

Rocket Lawyer Corporate Services LLC , hereby resigns as

Name of Registered Agent

Registered Agent for **AVIDO NETWORKS LLC**

Name of Limited Liability Company

L19000211962

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

EDNA PERRY

Typed or Printed Name

Asst. Secretary Rocket Lawyer Corporate Servi

Capacity

FILING FEES:
$ 85.00   Active limited liability company
$ 25.00   Administratively dissolved/ voluntarily dissolved/
              withdrawn limited liability company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 SEP 18 AM 10: 34

FILED

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

INHS17 (2/14)