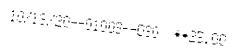
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(Re	questor's Name)	
(Ad	dress)	333
(Ad	dress)	
(Cit	ry/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	, -—
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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* W1505449*

2804 Gateway Oaks Drive #100 Sacramento, CA 95833

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

REFERENCE # MUST BE ON INVOICE TO BE PAID

October 02, 2020 Date:

Vendor# H1080

Florida Department of State

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX:

TO:

EMAIL:

Cori Ann Crosthwaite AE:

ccrosthwaite@myparacorp.co Email:

m

1505449 Ref Number:

EVERYTHING NECESSARY LLC NAME:

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

Rocket Lawyer Corporate Services LLC	, hereby resigns as	<u>G</u>
Name of Registered Agent	,,,	
Registered Agent for EVERYTHING NECESSARY LLC		 3
regionited rigent to:		1 **
Name of Limited Liability Company		
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L19000245989		

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\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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