

L19 000 357954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

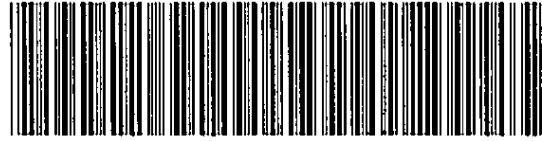
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

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**REFERENCE # MUST BE ON INVOICE TO BE PAID**

Date: October 18, 2021

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TO: Florida Department of State  
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PO Box 6327 Tallahassee, FL 32314

AE: Cori Ann Crosthwaite

Email: ccrosthwaite@myparacorp.com

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EMAIL:

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NAME: **TOTAL MARINE CARE LLC**

**FILE REGISTERED AGENT RESIGNATION**

*State*

FL

**PLEASE EMAIL OR FAX A COPY OF RESULTS**

**If the document is black and white, please return it to via e-mail and regular mail. If the document has color or any raised seals, please send it via:**

**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 \_\_\_\_\_

TOTAL MARINE CARE LLC

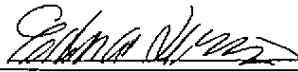
\_\_\_\_\_  
Name of Limited Liability Company

L19000257954

\_\_\_\_\_  
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 Services LLC

\_\_\_\_\_  
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**

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TALLAHASSEE, FL

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