

L19000281390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

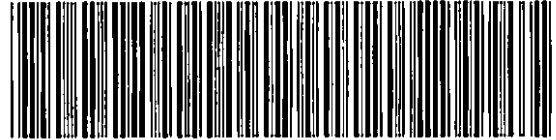
(Business Entity Name)

(Document Number)

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2804 Gateway Oaks Drive #100 Sacramento, CA 95833

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

Date: November 12, 2020

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TO: Florida Department of State  
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Tallahassee, FL 32314

AE: Cori Ann Crosthwaite

Email: ccrosthwaite@myparacorp.com

Ref Number: **1521953**

FAX:

EMAIL:

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NAME: **MORRIS AND SONS LLC**

**REGISTERED AGENT RESIGNATION FILING**

State

FL

**SPECIAL INSTRUCTIONS:**

REQUESTING 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 605.0115, Florida Statutes, the undersigned,

Rocket Lawyer Corporate Services LLC, hereby resigns as

Name of Registered Agent

Registered Agent for MORRIS AND SONS LLC

Name of Limited Liability Company

L19000281390

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

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TALLAHASSEE, FL

## **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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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