

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000812013)))



H200000812013ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: PARASEC

Account Number : I20180000086

: (916)576-7000

Fax Number

: (800)603-5868

R. WHITE
NAR 13 2000 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: PLSUS@ PAGEC. COM

2020 MAR 12 PM 12: 27

LLC REGISTERED AGENT RESIGNATION DETAIL MASTERS JAX LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

မှ

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

Division of Corporations	
DETAIL MASTERS JAX LLC SUBJECT:	
Name of Limited Liability	y Company
DOCUMENT NUMBER: L20000045485	. <u></u>
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
Jason Batalla	
Name of Person	-
Parasec	
Name of Firm/Company	-
2804 Gateway Oaks Dr. # 100	
Address	-
Sacramento, Ca 95833	
City/State and Zip Code	-
rlsos@parasec.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Jason Batalla 800 at (5337272) Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Flo	orida Statutes, the undersigned,
Rocket Lawyer Corporate Services LLC	, hereby resigns as
Name of Registered Agent	
Registered Agent for DETAIL MASTERS JAX LLC	<u> </u>
Name of Limited I.	iability Company
L20000045485	
Document Number, if known	
A copy of this resignation was mailed to the above	listed limited liability company at its last known address.
A. Homas	ted on the 31st day after the date on which this statement is filed.
If signing on behalf of an entity:	~)
Leticia Herrera	2020 : -
Typed o	or Printed Name
Assistant Secretary	
Ca	pacity
FILING FEE	9
\$ 85.00 Ac \$ 25.00 Ad wi	tive limited liability company ministratively dissolved/ voluntarily dissolved/ thdrawn limited liability company

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

INHS17 (2/14)

(H200000812013)