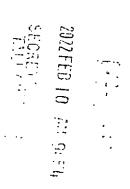
L20000064483

(Re	equestor's Name))
(Ad	Idress)	-
(Ad	ldress)	
(Cit	y/State/Zip/Phon	o ff)
(0	systetesziph non	c # <i>)</i>
PICK-UP	TIAW [MAIL
(Bu	siness Entity Nar	me)
	ŕ	•
	cument Number)	
(20	coment Namber)	ı
Certified Copies	Certificates	s of Status
Special Instructions to I	Filina Officer:	
`	3	
		i
		ĺ

Office Use Only



02/10/22--01016--008 **25.00







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:

February 01, 2022

AE:

Cori Ann Crosthwaite

Vendor#

1960

IEmail:

ccrosthwaite@myparacorp.com

TO:

Florida Department of State

Division of Corporations PO Box 6327

Tallahassee, FL 32314

1730320

Return Shipping:

Ref Number:

FAX:

850-687-6381

EMAIL:

NAME:

BEST TOTAL LAWN SERVICE 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 provis	ions of section 605.0115	Florida Statutes, the unde	ersigned,			
ROCKET LAWYER CORPORATE SERVICES LLC		, hereby resigns as				
_	Name of Registered Agent		_,	,		
Registered Agent for	BEST TOTAL LAW	N SERVICE LLC				
	Name of Limit	ed Liability Company			 :	,
L20000064483						
Document i	Number, if known					
A copy of this resigna	tion was mailed to the ab	ove listed limited liability	company at its last	known ac	idress.	
The agency is termina	ted and the office discon	tinued on the 31st day after	er the date on which	this state	ment is	filed.
	LATERILUC SEG	Signature of Resigning Agent				
If signing on behalf of	•			1107	2022 FEB	٠,
	EDNA PERRY				C5	٠.
	•	oed or Printed Name Lawyer Corporate Services	LLC		<i>i</i> 0	7
		Capacity		•		
					45 th	
	FILING F \$ 85.00 \$ 25.00	EES: Active limited liability of Administratively dissolv withdrawn limited liabil	ompany cd/voluntarily dissi ity company	olved/		

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