120000069351

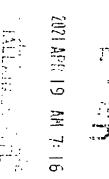
(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



300364260513

04/19/21--01032--003 **85.00



D. BRUCE



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:

April 14, 2021

Vendor#

108090

AE:

Cori Ann Crosthwaite

Email:

ccrosthwaite@myparacorp.co

TO:

Florida Department of State

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX:

EMAIL:

Ref Number:

1583725

NAME:

LEMME LIVE LLC

REGISTERED AGENT RESIGNATION FILING

State

FL

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 provisi	ions of section 605.011.	Florida Statutes, the unde	rsigned,			
ROCKET LAWYER CORPORATE SERVICES LLC		S LLC	, hereby resigns as			
	Name of Registered Age	nt	, ,			
Registered Agent for	LEMME LIVE LLC					
	Name of Lin	nited Liability Company		· · · · · · · · · · · · · · · · · · ·	`	
L20000069351						
Document	Number, if known	_ _				
A copy of this resigna	tion was mailed to the a	above listed limited liability	company at its last	known ac	ldress.	
The agency is termina	ited and the office disco	ontinued on the 31st day after	er the date on which	this states	ment is f	iled.
	Talkau Su	Signature of Resigning Agent				
If signing on behalf of	f an entity:					
	EDNA PERRY					
	Typed or Printed Name Asst. Secretary Rocket Lawyer Corporate Services LLC		LLC	٠. _الهست	2021	
		Capacity			2021 APR 19	 (<u>1</u> 2)
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability c Administratively dissolv withdrawn limited liabil	red/ voluntarily disse	olved/	19 AM 7:1	ا الاستار الوسير

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