## L20000 103913

(Requestor's Name)				
(Address)				
(Address)				
(Hadioss)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(20011000 21110)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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07/08/21--01028--001 \*\*25.00

2021 JUL -6 AM II: 14

JUL 2 7 2021



2804 Gateway Oaks Drive #100 Sacramento. CA 95833

Phone 888-272-3725 Fax 800-603-5868

Cori Ann Crosthwaite

## REFERENCE # MUST BE ON INVOICE TO BE PAID

1621172

Date: June 30, 2021

1960

Email: ccrosthwaite@myparacorp.co

m

İAE:

Ref Number.

TO: Florida Department of State

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX: EMAIL:

Vendor#

NAME: MASSIVE LAUNCH MEDIA 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 provis	ions of section 605.0115, Florida Sta	tutes, the undersigned,		
ROCKET LAWYER CORPORATE SERVICES LLC		harahu rasians ne	_ , hereby resigns as	
Name of Registered Agent		, nereby resigns as		
Registered Agent for	MASSIVE LAUNCH MEDIA	LLC		
	Name of Limited Liability Co	ompany		
L20000103913				
Document	Number, if known			
A copy of this resigna	tion was mailed to the above listed li	mited liability company at its last	known address.	
The agency is termina	ted and the office discontinued on the	e 31st day after the date on which	this statement is filed.	
	Signature of R	esigning Agent		
If signing on behalf of	an entity:			
	EDNA PERRY		2021	
	Typed or Printed : Asst. Secretary Rocket Lawyer Corp		7921 JUL -	
	Capacity		Ġ	
	FILING FEES: \$ 85.00 Active limits 25.00 Administrative withdrawn	ted liability company tively dissolved/ voluntarily disso limited liability company	olved/	

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