## L20 000110352

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(4.4)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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08/01/21--01646--020 \*\*85.00





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:

May 26, 2021

Vendor # 1960

TO:

Florida Department of State

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL32314

FAX:

EMAIL.

AE:

Cori Ann Crosthwaite

Email:

Ref Number:

ccrosthwaite@myparacorp.co

m

1609610

NAME: LEONOR DOBBINS LLC

REGISTERED AGENT RESIGNATION FILING

<u>State</u>

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 605.0115, Florida Statutes, t	ne undersigned,		
ROCKET LAWYER CORPORATE SERVICES LLC		, hereby resigns as		
	Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Registered Agent for _	LEONOR DOBBINS LLC			
	Name of Limited Liability Company		,	
1.20000110352				
Document	Number, if known			
A copy of this resigna	tion was mailed to the above listed limited	liability company at its last kno	wn address.	
The agency is termina	ted and the office discontinued on the 31st	day after the date on which this	statement is fil	ed.
	Signature of Resigning	g Agent	2021 JUN -	. !
If signing on behalf of	an entity:	77 77 67	  1	: <del>-</del>
	EDNA PERRY	<u>ن</u> -	· ·	٠.
	Typed or Printed Name		T. I	
	Asst. Secretary Rocket Lawyer Corporate S	Services LLC	AM 9: 08	_
	Capacity		4 9: 08	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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