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STATE TALLAHASSEE, FLORIDA

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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:

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May 02, 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

1777874

Return Shipping:

Ref Number:

FAX:

850-687-6381

EMAIL:

NAME:

**ICONIC ECOM 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 provisi	ons of section 605.011	5, Florida Statutes, the under	signed,			
ROCKET LAWYER CORPORATE SERVICES LLC		, hereby resigns as				
Name of Registered Agent			, notedly realigns as			
Registered Agent for _	ICONIC ECOM LI	.C		. <u>-</u>	-	
	Name of Lin	nited Liability Company			>	
L20000111925						
Document N	Number, if known					
A copy of this resignat	ion was mailed to the	above listed limited liability of	company at its last knowr	n address.		
The agency is terminat	Ed and the office disco	ontinued on the 31st day after	the date on which this st	atement is	i filed.	
If signing on behalf of	an entity					
it signing on ochan ot	EDNA PERRY					
		Typed or Printed Name		577		
		et Lawyer Corporate Services I	.LC	E.E.	2022	
		Capacity		AHASSEE.	2022 MAY -6 F	T
	<u>FILING</u> \$ 85.00 \$ 25.00	Active limited liability co Administratively dissolve	mpany d/ voluntarily dissolved/	FLOR	₽H 4:	. <u>.                                   </u>

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

withdrawn limited liability company