120000121650

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

Office Use Only



400387136464

05/19/22--01008--022 ******25.00

PILE D 2022 HAY 19 AM II: I





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

May 12, 2022

AE:

Cori Ann Crosthwaite

Vendor # 1960

!Email:

ccrosthwaite@myparacorp.com 1787585

TO:

Florida Department of State

Division of Corporations PO Box 6327

Tallahassee, FL 32314

Return Shipping:

Ref Number:

FAX:

850-687-6381

EMAIL:

NAME:

MAD HOUSE HOLDINGS 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 provision	ons of section 605.011:	5, Florida Statutes, the unde	ersigned,			
ROCKET LAWYER CORPORATE SERVICES LLC , he			_, hereby resigns as			
	Name of Registered Ages	nt				
Registered Agent for _	Mad House Holding	s LLC				
	Name of Lim	ited Liability Company			,	
L20000121650						
Document N	umber, if known					
A copy of this resignati	on was mailed to the a	bove listed limited liability	company at its last k	nown add	ress.	
The agency is terminate	ed and the office disco	ntinued on the 31st day after	er the date on which th	nis statem	ent is f	iled.
	<u> Bahna Wa</u>	Signature of Resigning Agent	.			
If signing on behalf of	an entity:			ເກ	~	
	EDNA PERRY			TACE TACE	2022 MAY 19	
Typed or Printed Name					Ϋ́ΑΥ	T
	Asst. Secretary Rocke	t Lawyer Corporate Services	LLC	HA	-	
		Capacity		SS L		m
				نس ^{ري} بسيد	X	
	FILING	FEES:			M II: 12	
	\$ 85.00 \$ 25.00	Active limited liability of Administratively dissolv withdrawn limited liabi	ompany od/ voluntarily dissol lity company	ved/	.•	

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