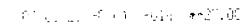
## L20 000133288

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

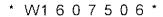
Office Use Only



500364364965









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, FL 32314

FAX: EMAIL: AE:

Cori Ann Crosthwaite

Email:

ccrosthwaite@myparacorp.co

m

Ref Number:

1607506

NAME: TECHVIBES OUTLET 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	ons of section 605.011	<ol><li>Florida Statutes, the unc</li></ol>	dersigned,				
ROCKET LAWYER CORPORATE SERVICES LLC			. hereby resigns:	, hereby resigns as			
Name of Registered Agent				••••			
Registered Agent for _	TECHVIBES OUT	LET LLC					
	Name of Lim	nited Liability Company			·	,	
L20000133288							
Document 2	Sumber, if known	<del></del>					
A copy of this resignat	ion was mailed to the a	above listed limited liabilit	ty company at its la	st known a	ddress.		
The agency is terminat	ed and the office disco	ntinued on the 31st day af				filed.	
		Signature of Resigning Agent	l	12	2021		
If signing on behalf of an entity:			<u>-</u>	یے			
	EDNA PERRY				1 - HNC 1202		
Typed or Printed Name Asst. Secretary Rocket Lawyer Corporate Services LLC				S			
			s LLC	₹'\;- <del></del> ;	3		
		Capacity		TALLÁHÁŠŠÍ EJ FLORIDA	M 9: 08	٠. ٧	
	<b>FILING</b> \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company ved/ voluntarily dis ility company	•			

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