

L20 000 201660

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TO: Florida Department of State  
Division of Corporations PO Box 6327  
Tallahassee, FL 32314

FAX: 850-687-6381

EMAIL:

AE: Cori Ann Crosthwaite

Email: ccrosthwaite@myparacorp.com

Ref Number: 1825324

Return Shipping:

NAME: **DEMURE LLC**

**FILE REGISTERED AGENT RESIGNATION**

State

FL

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
ROCKET LAWYER CORPORATE SERVICES LLC

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Demure LLC

\_\_\_\_\_  
Name of Limited Liability Company

L20000201660

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

EDNA PERRY

\_\_\_\_\_  
Typed or Printed Name

Asst. Secretary Rocket Lawyer Corporate Services LLC

\_\_\_\_\_  
Capacity

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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