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| (Requestor's Name) | | | | | |
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| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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| Office Use Only | | | | | |



10/26/21--01028--004 **25.00



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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,

| Pursuant to the provisions of section 605.0115, Piorida Statutes, the undersigned, | | | Lis S | 2021 | |
|--|--------------------------|---------------------|--------------|------|----------------|
| ROCKET LAWYER CORPORATE SERVICES LLC | | , hereby resigns as | ECRE TALL | 01 | |
| Name of Registered Agent | | | | C | |
| Registered Agent for | PROFESSORCLOCK MEDIA LLC | _ | | 26 | <u> </u> |
| | | | LOSS LOSS | AM | \overline{m} |
| Name of Limited Liability Company | | | | ڢ | L) |
| | | | PAR | 39 | |

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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.

alna Mue 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 \$ 25.00

Active limited liability company 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withdrawn limited liability company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

INHS17 (2/14)