# 120000 226275

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name)			
(Document Number)				
Certified Copies	_ Certificates of	Status		
Special Instructions to	Filing Officer:			
	Office Use Only	m_7		



000393952980

09/19/22--01031--020 \*\*85.00

TABLE OF LUNG CAPTUS





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: September 14, 2022

AE:

Cori Ann Crosthwaite

Vendor # 1960

IEmail:

ccrosthwaite@myparacorp.com

TO: Florida Department of State

Ref Number:

1846309

Division of Corporations PO Box 6327 Tallahassee, FL 32314

Return Shipping:

FAX:

850-687-6381

EMAIL:

NAME:

KRUCIAL KOLORS LLC

#### FILE REGISTERED AGENT RESIGNATION

State

County

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

22 SEP 19 AM 8: 37

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

Pursuant to the provision	ons of section 605.011:	5, Florida Statutes, the t	undersigned,		
ROCKET LAWYER CORPORATE SERVICES LLC hereby		_ , hereby resigns as			
	Name of Registered Ager	nt			
Registered Agent for _	Krucial Kolors LLC			<del></del>	
	Name of Lim	ited Liability Company			
L20000226275					
Document N	Number, if known				
A copy of this resignat	ion was mailed to the a	above listed limited liab	ility company at its last known a	ddress.	
The agency is terminat	ted and the office disco	ntinued on the 31st day	after the date on which this state	ement is	filed.
		Signature of Resigning Ag	gent		
If signing on behalf of	an entity:				
	EDNA PERRY				
	Т	yped or Printed Name		22	-
	Asst. Secretary Rocke	et Lawyer Corporate Serv	rices LLC	33	NOISTA1
	-	Capacity		6 L	도 보기 - 도망 - 근건
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabili Administratively dis- withdrawn limited li	ity company solved/ voluntarily dissolved/ iability company	AH 8: 37	uid i dialiga

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