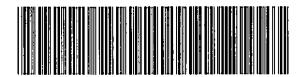
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| Special Instructions to | Filing Officer: | | |
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2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone 888-272-3725 Fax 800-603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

Date:

October 15, 2021

!AE:

Cori Ann Crosthwaite

Vendor#

1960

IEmail:

ccrosthwaite@myparacorp.com

TO:

Florida Department of State

Ref Number:

1654053

New Filing Section - Division of Corporations

PO Box 6327 Tallahassee, FL 32314

Return Shipping:

FAX:

EMAIL:

NAME:

JUNRAN ENTERPRISES 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 605.0115, Florida Statutes, the under | signed, | | | |
|--------------------------------------|--|-------------------------|--|-------------|---|
| ROCKET LAWYER CORPORATE SERVICES LLC | | , hereby resigns as | 3S | 202 | |
| | Name of Registered Agent | | ACR AL | 201 | - |
| Registered Agent for _ | JunRan Enterprises LLC | | - | 2021 OCT 26 | ======================================= |
| | | | - ₹ | | (F |
| | Name of Limited Liability Company | | OF STA | AM 9: 32 | |
| L20000262299 | | | | 32 | |
| Document N | lumber, if known | | | | |
| A copy of this resignat | ion was mailed to the above listed limited liability (| company at its last kno | own addres | ss. | |
| The agency is terminat | ed and the office discontinued on the 31st day after | the date on which this | statemen | t is filed | 1. |
| | Signature of Resigning Agent | | | | |
| If signing on behalf of | an entity: | | | | |
| | EDNA PERRY | | | | |
| | Typed or Printed Name | | | | |
| | Asst. Secretary Rocket Lawyer Corporate Services l | 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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