K26 CCC 287542

(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:				





400374924164

18/22/21--01003--035 **25.00

2021 OCT 22 PM 3: 33
SECRETARY OF STATE
FARE AND SEE THE

O ENT. 12 - 5051





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 18, 2021

!AE:

Cori Ann Crosthwaite

Vendor# 1960 (Email:

ccrosthwaite@myparacorp.com

TO:

Florida Department of State

Ref Number:

1679164

New Filing Section - Division of Corporations

PO Box 6327 Tallahassee, FL32314

Return Shipping:

FAX:

EMAIL:

NAME:

DINGIL BODYWRAPS, 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 provisi	ons of section 605.0115, Florida Statutes, the und	ersigned,		
ROCKET LAWYER CO	ORPORATE SERVICES LLC	_, hereby resigns as	. ~	
Name of Registered Agent		_ , nereby resigns as	.021 SE(
Registered Agent for	DINGIL BODYWRAPS, LLC	 .	2021 OCT 22	
		<u> </u>	22	(F)
	Name of Limited Liability Company		PH 3: 33 OF STATE SSEE, FL	
L20000287542				,
Document N	lumber, if known		一品。	•
	ion was mailed to the above listed limited liability ed and the office discontinued on the 31st day after			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withdrawn limited liability company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

. . . .