

L20000 316 179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

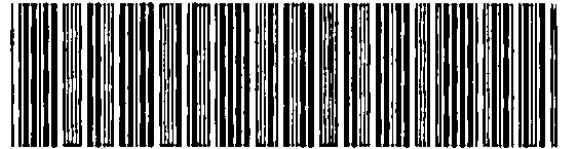
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 NOV 10 PM 3:00  
CLERK OF STATE  
TALLAHASSEE, FL



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: November 02, 2022

Vendor # 1960

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: 1870793

Return Shipping:

NAME: **A BIG LEGACY 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

# 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 \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for A BIG LEGACY LLC \_\_\_\_\_

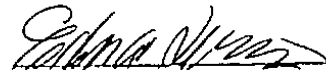
Name of Limited Liability Company

L20000316179 \_\_\_\_\_

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

FILED  
2022 MAY 10 PM 3:00  
CLERK OF STATE  
TALLAHASSEE, FL

## 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