L20000360941

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	or Status		
Special Instructions to Filing Officer:				

Office Use Only



700377658187

12/27/21--01035--010 **85.00

2021 DEC 27 PH 2: 29





2804 Gateway Oaks Drive #100 Sacramento, CA 95833

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

Cori Ann Crosthwaite

ccrosthwaite@myparacorp.com

1710913

REFERENCE # MUST BE ON INVOICE TO BE PAID

Date:

TO:

December 22, 2021

Vendor#

1960

Florida Department of State

Division of Corporations PO Box 6327

Tallahassee, FL 32314

FAX:

850-687-6381

EMAIL:

NAME:

LITTLE BY LITTLE ENTERPRISES LLC

FILE REGISTERED AGENT RESIGNATION

State

FL

PLEASE EMAIL OR FAX A COPY OF RESULTS

IAE:

IEmail:

Ref Number:

Return Shipping:

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	ns of section 605.0115	s, Florida Statutes, the under	signed,		
ROCKET LAWYER CORPORATE SERVICES LLC		, hereby resigns as			
	Name of Registered Agen		, , ,		
Registered Agent for	ITTLE BY LITTL	E ENTERPRISES LLC			
				1	
	Name of Limi	ited Liability Company			
1.20000270041					
L20000360941 Document Nu	mber, if known				
A copy of this resignation	on was mailed to the a	bove listed limited liability of	company at its last known	address.	
The agency is terminated	d and the office discor	ntinued on the 31st day after	the date on which this sta	tement is filed	d.
	Palana VIII				
		Signature of Resigning Agent			
If signing on behalf of a	n entity:				
	EDNA PERRY		;	20	
	Ty	ped or Printed Name		2021 DEC	
	Asst. Secretary Rocke	t Lawyer Corporate Services I	LC : in)EC	2 3
		Capacity		, 2	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			<i>;_</i> -	. - 1	-
			 		· (
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabilit	mpany d/ voluntarily dissolved/ ty company	2:29	T.

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