L21000061283

| (Requestor's Name) |
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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:

March 11, 2022

AE:

Cori Ann Crosthwaite

Vendor#

1960

. IEmail:

ccrosthwaite@myparacorp.com

TO:

Florida Department of State

Ref Number:

1751873

Division of Corporations PO Box 6327 Tallahassee, FL 32314

Return Shipping:

FAX:

850-687-6381

EMAIL:

NAME:

XLENT ENTERPRISES LLC

FILE REGISTERED AGENT RESIGNATION

State

FL

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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 | s of section 605.0115 | 5, Florida Statutes, the under | rsigned, | | |
|--------------------------------------|---------------------------------------|---|--|------------------------|-------------|
| ROCKET LAWYER CORPORATE SERVICES LLC | | | , hereby resigns as | | |
| Name of Registered Agent | | | | | |
| Registered Agent for X | LENT ENTERPR | ISES LLC | | | |
| | Name of Lim | ited Liability Company | | | |
| | Name of Lin | ned Elability Company | | | |
| L21000061283 | h (r) | <u></u> | | | |
| Document Num | ider, ii known | | | | |
| A copy of this resignation | was mailed to the a | bove listed limited liability | company at its last kno- | wn addres | SS. |
| The agency is terminated | and the office discor | ntinued on the 31st day after | the date on which this | statemen | t is filed. |
| - | Palma VII | Signature of Resigning Agent | | | |
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| If signing on behalf of an entity: | | | A | 2022 MAR 18 Sęchelo | |
| 1 | EDNA PERRY | | | | T |
| | T | ped or Printed Name | | - | Gings: |
| 4 | Asst. Secretary Rocke | t Lawyer Corporate Services I | ASSE | . oo | į. |
| | | Capacity | בי הוי | | |
| | | | : المدر المراث | AM 10: 57 | |
| | | | L : | 5 | |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liability co Administratively dissolve withdrawn limited liability | mpany d/ voluntarily dissolve ty company | _ | |

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