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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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Ra Resignation

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D CUSHING





2804 Gateway Oaks Drive #100 Sacramento, CA 95833

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

Cori Ann Crosthwaite

ccrosthwaite@myparacorp.com

REFERENCE # MUST BE ON INVOICE TO BE PAID

Date:

April 08, 2022

Vendor# 19

1960

Florida Department of State

Division of Corporations PO Box 6327

Tallahassee, FL 32314

l ₁Ref Number:

Return Shipping:

!AE:

IEmail:

1765912

FAX:

TO:

850-687-6381

EMAIL:

NAME:

LUNAR EDGE, 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

2022 APR 19 AH 10: 33

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115	5, Florida Statutes, the unde	ersigned,	
ROCKET LAWYER CORPORATE SERVICES LLC		, hereby resigns as	
Name of Registered Ager	nt		
Registered Agent for LUNAR EDGE, LL	С		
Name of Lim	ited Liability Company		
L21000101451 Document Number, if known			
A copy of this resignation was mailed to the a	bove listed limited liability	company at its last known address.	
The agency is terminated and the office discor	ntinued on the 31st day afte	er the date on which this statement is file	:d.
Salma We	Signature of Resigning Agent		
If signing on behalf of an entity:			
EDNA PERRY		20	
Т	yped or Printed Name	2022 APR SEGRET: TALL:	.61,43
Asst. Secretary Rocke	t Lawyer Corporate Services	LLC FEE TO),
	Capacity	19 M	e en
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabil	ompany ed/ voluntarily dissolved/	, 1

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