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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: May 18, 2022

¦AE:

Cori Ann Crosthwaite

Vendor # 1960

IEmail:

ccrosthwaite@myparacorp.com

TO: Florida Department of State

Ref Number:

1789903

Division of Corporations PO Box 6327

Tallahassee, FL 32314

Return Shipping:

FAX: 850-687-6381

EMAIL:

NAME:

THELATCHKEY 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 provision	ons of section 605.0115, Florida Statutes, the under	rsigned,	
ROCKET LAWYER CO	DRPORATE SERVICES LLC	, hereby resigns as	
	Name of Registered Agent	,,	
Registered Agent for _	TheLatchKey LLC		
	Name of Limited Liability Company	<del>,</del>	
L210001 <u>6</u> 6768			
Document N	Jumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liability	company at its last known address.	
The agency is terminat	ed and the office discontinued on the 31st day after	r the date on which this statement is fil	ed.
	Signature of Resigning Agent	EURI MAY 25 SECRETARY DALLAHASS	Π
If signing on behalf of an entity:		Assert	
	EDNA PERRY	TH 3	1
	Typed or Printed Name		ن
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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 Tallahassec, FL 32314