L21000181899

(Re	questor's Name)		
(Ad	dress)		
(Ãd	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



700388564837

05/27/22--81010--006 **85.00



Ra Rosignation





2804 Gateway Oaks Drive #100 Sacramento, CA 95833

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

Cori Ann Crosthwaite

ccrosthwaite@myparacorp.com

1794197

REFERENCE # MUST BE ON INVOICE TO BE PAID

Date: Vendor # May 23, 2022

1960

TO:

Florida Department of State

Division of Corporations PO Box 6327

Tallahassee, FL 32314

FAX:

850-687-6381

EMAIL:

NAME:

CASTRO'S ALL-IN LAWNCARE &

PRESSURE WASHING LLC

FILE REGISTERED AGENT RESIGNATION

<u>State</u>

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

2022 NAY 27 KH 9: 42

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	sions of section 605.0115, Florida Statu	ites, the undersigned,	
ROCKET LAWYER	CORPORATE SERVICES LLC	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	CASTRO'S ALL-IN LAWNCAF	RE & PRESSURE WASHING LLC	
	Name of Limited Liability Cor	mpany,	1
L21000181899			
Documen	t Number, if known		
A copy of this resign	ation was mailed to the above listed lim	nited liability company at its last known address.	
The agency is termin	ated and the office discontinued on the	31st day after the date on which this statement is	filed.
	Signature of Re	signing Agent	
If signing on behalf	of an entity:	20	
	EDNA PERRY	2022 HAY	
	Typed or Printed N	lame	
	Asst. Secretary Rocket Lawyer Corpo	orate Services LLC	(T #)
	Capacity		· · ,. •
		: 10	المروبية:
	FILING FEES: \$ 85.00 Active limit \$ 25.00 Administrative withdrawn	ed liability company ively dissolved/ limited liability company	1.000

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