# K21000204006

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300389256213

06/13/32--01023--018 \*\*85.00

2022 JUN 13 AM 9: 45

AUG 3 1 2022 S. PRATHER





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:

June 08, 2022

AE:

Cori Ann Crosthwaite

Vendor#

1960

IEmail:

ccrosthwaite@myparacorp.com

TO:

Florida Department of State

Division of Corporations PO Box 6327

Tallahassee, FL 32314

1798066

Return Shipping:

Ref Number:

FAX:

850-687-6381

**EMAIL:** 

NAME:

KETCHUM LAWN CARE 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 provisi	ons of section 605.011	5, Florida Statutes, t	he undersigned,	
ROCKET LAWYER CORPORATE SERVICES LLC, hereby resigns as				
	Name of Registered Age	ent	,,,,,	
Registered Agent for _	KETCHUM LAWN CARE LLC			
	Name of Lir	nited Liability Company	<del>-</del>	,
L21000204006		<del></del>		
Document h	lumber, if known			
A copy of this resignat	ion was mailed to the	above listed limited	liability company at its last known ac	idress.
The agency is terminat	ed and the office disco	ontinued on the 31st	day after the date on which this state	ment is filed.
	Edma VI	102		
		Signature of Resignin	g Agent	
If signing on behalf of	an entity:			
	EDNA PERRY			
	Typed or Printed Name			
	Asst. Secretary Rock	et Lawyer Corporate S	Services LLC	122
		Capacity	<del></del>	JUN HĀS
				2022 JUN 13
	FILING \$ 85.00 \$ 25.00	Active limited lia Administratively	bility company dissolved/ voluntarily dissolved/ ed liability company	.E.D • AM 9:45 E.F.LORIDA

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