## L21000218071

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
| (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: |
| Special institutions to rining officer. |
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Office Use Only



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FILED

2024 AUG 27 AM 9: 23

SECRETALY OF STATE



## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

| DATE <u>08/27/2024</u> |                       | **WALK IN**   |
|------------------------|-----------------------|---|
| ENTITY NAMEParso       | on Brown LLC          |   |
| DOCUMENT NUMBE         | R                     |   |
|                        | **PLEASE FILE         | THE ATTACHED AND RETURN**   |
| xxxxxxxx               | Plain Copy            |   |
| <del></del>            | Certified Copy        |   |
|                        | Certificate of Status |   |
|                        | **PLEASE OBTAIN THE   | E FOLLOWING FOR THE ABOVE ENTITY**  |
|                        | Certified Copy of Ar  | ris & Amendments  |
|                        | Certified Copy of Ar  | rts & Amendments Complete File (Inclading Annaal Reports)                   |
|                        | Certificate of Status |   |
|                        | Certificate of Status | Reflecting:   |
|                        | **APOSTILLE',         | / NOTARIAL CERTIFICATION**  |
| COUNTRY OF DESTINA     | ATION                 |   |
| NUMBER OF CERTIFIC     | CATES REQUESTED       |   |
| TOTAL OWED \$ 25       |                       | ACCOUNT # 120140000108  United Corporate Services, Inc.  Thank you so much! |
| Please call Tina at    | the above number koi  | r any issues or concerns. Thank you so much!                                |

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisi | ions of section 605.0115, Florida Statutes,   | the undersigned,                           |             |
|-------------------------|---|--|-------------|
| United Corporate Servi  | ces, Inc.   | , hereby resigns as                        |             |
|                         | Name of Registered Agent  |  |             |
| Registered Agent for    | PARSON BROWN LLC  |  | <del></del> |
|                         | Name of Limited Liability Compan  | у  | <u> </u>    |
| L21000218071            |   |  |             |
| Document                | Number, if known  |  |             |
|                         | tion was mailed to the above listed limited and the office discontinued on the 31st |  |             |
|                         | Michael A. Barr Signature of Resignit   | SECRETAR TALLAHA                           |             |
| If signing on behalf of | f an entity:  | AUC<br>LLL/                                | 17          |
|                         | Michael A. Barr   | D24 AUG 27 AM<br>ECRETARY OF<br>TALLAHASSE | 7420        |
|                         | Typed or Printed Name   |  | רוו         |
|                         | President - United Corporate Services, Inc  |  | 7           |
|                         | Capacity  | 9: 23<br>STATE<br>S. FL                    |             |

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 Tallahassee, FL 32314