

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003240503)))



H240003240503ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : I20180000086 Phone : (916)576-7000 Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:					

LLC REGISTERED AGENT RESIGNATION IAX LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the undersigned,	
Leticia Herrera	esigns as		
	Name of Registered Age		
Registered Agent for IA	X LLC		
	Name of Lir	nited Liability Company	
L21000247682			
	mber, if known		
.,		above listed limited liability company ontinued on the 31st day after the date. Signature of Resigning Agent	
If signing on behalf of a	n entity:		
	EDNA PERRY		202
		Typed or Printed Name	2024 SE. 13
	ASSISTANT SEC		
		Capacity	•
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ volunt, withdrawn limited liability compa	arily dissolved/

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