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RA Resignation

D CUSHING





2804 Gateway Oaks Drive #100 Sacramento, CA 95833

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

Cori Ann Crosthwaite

ccrosthwaite@myparacorp.com

1811764

## REFERENCE # MUST BE ON INVOICE TO BE PAID

June 30, 2022 Date:

1960

Florida Department of State

Division of Corporations PO Box 6327

Tallahassee, FL 32314

FAX:

Vendor#

TO:

850-687-6381

EMAIL:

NAME:

MACABNB LLC

**FILE REGISTERED AGENT RESIGNATION** 

State

FL

## PLEASE EMAIL OR FAX A COPY OF RESULTS

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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 605.0115	, Florida Statutes, the undersigned,	
ROCKET LAWYER CORPORATE SERVICES LLC, hereby resigns as			
· · · · · · · · · · · · · · · · · · ·	Name of Registered Ager		
Registered Agent for _	MACABNB LLC		<del></del>
<u>.</u>	Name of Limi	ited Liability Company	<del>,</del>
L21000248937		<u></u>	
Document h	Number, if known		
A copy of this resignat	tion was mailed to the a	bove listed limited liability company at its last kno	wn address.
The agency is terminat	ted and the office discor	ntinued on the 31st day after the date on which this	s statement is filed.
	Edma We		
		Signature of Resigning Agent	
If signing on behalf of	an entity:		
	EDNA PERRY		
		ped or Printed Name	
	Asst. Secretary Rocke	t Lawyer Corporate Services LLC	22 J
		Capacity	· · · · · · · · · · · · · · · · · · ·
			c)
	FILING	rrre.	
	FILING \$ 85.00 \$ 25.00	Active limited liability company Administratively dissolved/voluntarily dissolved withdrawn limited liability company	2d/ 122

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