

h21000254256

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REFERENCE # MUST BE ON INVOICE TO BE PAID

Date: June 10, 2022

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TO: Florida Department of State
Division of Corporations PO Box 6327
Tallahassee, FL 32314

FAX: 850-687-6381

EMAIL:

AE: Cori Ann Crosthwaite

Email: ccrosthwaite@myparacorp.com

Ref Number: 1801998

Return Shipping:

NAME: **LAFED LLC**

FILE REGISTERED AGENT RESIGNATION

State

FL

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888-272-3725

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
ROCKET LAWYER CORPORATE SERVICES LLC _____, hereby resigns as
Name of Registered Agent

Registered Agent for LAFED LLC _____
Name of Limited Liability Company

L21000254256 _____
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

EDNA PERRY _____
Typed or Printed Name
Asst. Secretary Rocket Lawyer Corporate Services LLC
Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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withdrawn limited liability company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