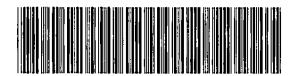


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| Special Instructions to F | iling Officer: | ļ |
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2804 Gateway Oaks Drive #100 Sacramento, CA 95833

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

REFERENCE # MUST BE ON INVOICE TO BE PAID

June 10, 2022 Date:

AE:

Cori Ann Crosthwaite

1960 Vendor#

ccrosthwaite@myparacorp.com IEmail:

Florida Department of State

Ref Number:

1801998

Division of Corporations PO Box 6327

Tallahassee, FL 32314

Return Shipping:

FAX:

TO:

850-687-6381

EMAIL:

NAME:

LAFED 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 provision | ons of section 605.0115, Florida Statutes, t | he undersigned, | | | |
|--|--|--|--|----------------|--|
| ROCKET LAWYER CORPORATE SERVICES LLC Name of Registered Agent | | . hereby resign | , hereby resigns as | | |
| | | ,, | | | |
| Registered Agent for _ | LAFED LLC | | | _ _ | |
| | Name of Limited Liability Company | | | , | |
| L21000254256 | | | | | |
| Document N | umber, if known | | | | |
| A copy of this resignati | on was mailed to the above listed limited l | liability company at its | last known addre | ess. | |
| The agency is terminate | ed and the office discontinued on the 31st | day after the date on wh | hich this stateme | nt is filed. | |
| | Signature of Resigning | g Agent | | | |
| | Signature of Resigning | g Agent | 코. 열 | | |
| If signing on behalf of | an entity: | | 2022 JUN 16 BELINETTIR TALLAHASS | | |
| | EDNA PERRY | | 유리 토 | | |
| | Typed or Printed Name | | ASS. | | |
| | Asst. Secretary Rocket Lawyer Corporate Services | | مدلتها | | |
| | Capacity | · · · · · · · · · · · · · · · · · · · | | Ld | |
| | | | 20 H 20 | | |
| | FILING FEES: \$ 85.00 Active limited lia | hility company | | | |
| | \$ 25.00 Administratively withdrawn limite | bility company dissolved/ voluntarily ed liability company | dissolved/ | | |

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