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Date:

TO:

July 18, 2022

Vendor # 1960

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Florida Department of State

Division of Corporations PO Box 6327

Tallahassee, FL 32314

FAX:

850-687-6381

EMAIL:

AE: Cori Ann Crosthwaite

ı IEmail:

ccrosthwaite@myparacorp.com

Ref Number:

1814077

Return Shipping:

NAME: SILKSLAY AND BRAIDS LLC

FILE REGISTERED AGENT RESIGNATION

State

FL

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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	ions of section 605.0115, Florida Statu	tes, the undersigned,
ROCKET LAWYER CORPORATE SERVICES LLC		, hereby resigns as
	Name of Registered Agent	, , ,
Registered Agent for _	SilkSlay and Braids LLC	
	Name of Limited Liability Com-	pany,
L21000254264		
Document i	Number, if known	
A copy of this resigna	tion was mailed to the above listed lim	ited liability company at its last known address.
The agency is termina	ted and the office discontinued on the	Blst day after the date on which this statement is filed.
	Signature of Res	igning Agent
If signing on behalf of	an entity:	
	EDNA PERRY	
	Typed or Printed Na	me
	Asst. Secretary Rocket Lawyer Corpor	rate Services LLC
	Capacity	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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