L21 000 340 044

(Requestor's Name)				
(Address)				
(Address)				
(radioss)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(2)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special histractions to 1 ming officer.				
<u> </u>				

Office Use Only





500393953015

09/19/22--01031--017 **85.00

22 SEP 19 AM 8: 36





2804 Gateway Oaks Drive #100 Sacramento, CA 95833

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

REFERENCE # MUST BE ON INVOICE TO BE PAID

Date: Septem

September 14, 2022

Vendor # 1960

Florida Department of State

Division of Corporations PO Box 6327

Tallahassee, FL 32314

FAX:

TO:

850-687-6381

EMAIL:

IAE:

Cori Ann Crosthwaite

IEmail:

ccrosthwaite@myparacorp.com

Ref Number:

1846320

Return Shipping:

NAME: AMAROS ENTERPRISE LLC

FILE REGISTERED AGENT RESIGNATION

State

County

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

22 SEP 19 AH 8: 3

Casawar dua akang

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statute	s, the undersigned,	
ROCKET LAWYER C	ORPORATE SERVICES LLC	, hereby resigns as	
	Name of Registered Agent	(
Registered Agent for	Amaros Enterprise LLC		
	Name of Limited Liability Comp	any	1
L21000340044			
Document l	Number, if known		
A copy of this resigna	tion was mailed to the above listed limite	ed liability company at its last known ad	ldress.
The agency is termina	ted and the office discontinued on the 31	st day after the date on which this stater	ment is filed.
	Edma Vives	<u> </u>	
	Signature of Resig	ning Agent	N) ÷
If signing on behalf of		171 SEF	
	EDNA PERRY		
	Typed or Printed Nam		<u> </u>
	Asst. Secretary Rocket Lawyer Corpora	te Services LLC	
	Capacity		1 8: 36

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company