

L21000344550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

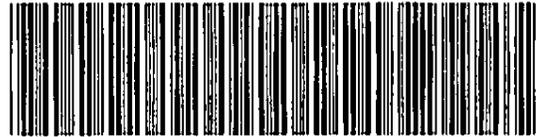
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF TEXAS  
DEPARTMENT OF REVENUE



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: September 14, 2022	AE: Cori Ann Crosthwaite
Vendor # 1960	Email: ccrosthwaite@myparacorp.com
TO: Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314	Ref Number: <b>1846293</b>
FAX: 850-687-6381	Return Shipping:
EMAIL:	

NAME: **JR LUXURY CLEANING SERVICE 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

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 DEPT OF STATE  
 DIVISION OF CORPORATIONS

# 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 JR Luxury Cleaning Service LLC

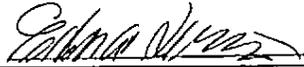
\_\_\_\_\_  
Name of Limited Liability Company

L21000344550

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

22 SEP 19 AM 8:37

OFFICE OF THE  
CLERK OF THE  
STATE OF 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**