L21000417987

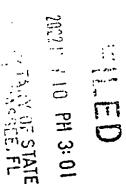
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200397353012

DECEIVED NOV 10 2022





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:

October 27, 2022

!AE:

Cori Ann Crosthwaite

Vendor#

1960

. IEmail:

ccrosthwaite@myparacorp.com

TO:

Florida Department of State

I Ref Number:

1868449

Division of Corporations PO Box 6327 Tallahassee, FL 32314

Return Shipping:

FAX:

850-687-6381

EMAIL:

NAME:

FAITH FLIP PROPERTIES 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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Fl	orida Statutes, the under	signed,	
ROCKET LAWYER CORPORATE SERVICES LLC			, hereby resigns as	
	Name of Registered Agent			
Registered Agent for	FAITH FLIP PROPERT	ries llc		
	Name of Limited I	Liability Company		
L21000417987				
Document l	Number, if known	•		
A copy of this resigna	tion was mailed to the above	e listed limited liability of	company at its last known address.	
The agency is termina	ted and the office discontinu	ued on the 31st day after	the date on which this statement is filed	t
	Sig	nature of Resigning Agent		
If signing on behalf of	an entity:		20	
	EDNA PERRY		72	
	Typed	or Printed Name		, 5°
	Asst. Secretary Rocket La	wyer Corporate Services I	LC A 5	-,
	C	apacity	NSS PR	•
	FILING FEE \$ 85.00 Ac \$ 25.00 Ac	ES: ctive limited liability co dministratively dissolve ithdrawn limited liabilit	mpany d/ voluntarily dissolved/	

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