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A. RIVERS MAR 1 3 2023





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: December 27, 2022

¦AE:

Cori Ann Crosthwaite

Vendor # 1960

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IEmail:

ccrosthwaite@myparacorp.com

Florida Department of State
Division of Corporations PO Box 6327

Ref Number:

1898072

Tallahassee, FL 32314

Return Shipping:

FAX: 8

850-687-6381

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NAME:

LOLA REDD BOUTIQUE LLC

FILE REGISTERED AGENT RESIGNATION

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County

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115 | 5, Florida Statutes, the und | dersigned, |
|---|------------------------------|--------------------------------------|
| ROCKET LAWYER CORPORATE SERVICES LLC | | , hereby resigns as |
| Name of Registered Ager | 11 | |
| Registered Agent for Lola Redd Boutique | LLC | |
| Name of Lim | ited Liability Company | , |
| L22000000576 | | |
| Document Number, if known | | |
| A copy of this resignation was mailed to the a | bove listed limited liabilit | y company at its last known address. |
| The agency is terminated and the office discord | ntinued on the 31st day aff | |
| If signing on behalf of an entity: | | |
| EDNA PERRY | | |
| T | yped or Printed Name | |
| Asst. Secretary Rocke | t Lawyer Corporate Service | es LLC |
| | Capacity | - /· /> |
| | | 1. C |

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

L21000521406

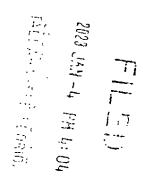
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| (Cit | y/State/Zip/Phone | = #*) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
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A. RIVERS MAR 1 3 2023





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: December 27, 2022

AE: Cori Ann Crosthwaite

Vendor#

TO:

1960

IEmail: ccrd

ccrosthwaite@myparacorp.com

vendor# 13

Florida Department of State

Ref Number:

1892014

Division of Corporations PO Box 6327 Tallahassee, FL 32314

Return Shipping:

FAX:

850-687-6381

EMAIL:

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FILL LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the prov | isions of section 605.0115, Florida Statutes | , the undersigned, | | | |
|--------------------------------------|--|---|----------------|--|--|
| ROCKET LAWYER CORPORATE SERVICES LLC | | , hereby resigns as | u rocieme ac | | |
| | Name of Registered Agent | , nercey resigns as | | | |
| Registered Agent for | Fill LLC | | | | |
| | Name of Limited Liability Compar | пу | , | | |
| L21000521406_ | t Number, if known | | | | |
| A copy of this resign | ation was mailed to the above listed limited | l liability company at its last known ad | ldress. | | |
| The agency is termin | ated and the office discontinued on the 31s | t day after the date on which this stater | ment is filed. | | |
| | Signature of Resigni | ng Agent | 2023 UAN | | |
| If signing on behalf o | of an entity: | /* /? | ţ. [| | |
| | EDNA PERRY | · · · · · · · · · · · · · · · · · · · | | | |
| | Typed or Printed Name | | 10.4 | | |
| | Asst. Secretary Rocket Lawyer Corporate | Services LLC | - 04 | | |
| | Capacity | | | | |

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company

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Tallahassee, FL 32314