

7/17/24 1:50 PM

Division of Corporations

L22000309498

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000243253 3)))



H24000243253ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : PARASEC
Account Number : I20180000086
Phone : (916)576-7000
Fax Number : (800)603-5868

FILED
2024 JUL 17 AM 3:38
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
SURGE CREDIT REPAIR LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
2024 JUL 17 PM 4:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUL 18 2024

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 SURGE CREDIT REPAIR LLC

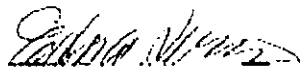
Name of Limited Liability Company

1.22000309498

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

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

FILED
2024 JUL 17 AM 3:38
TALLAHASSEE, FLORIDA