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.

(((H240003257123)))



H240003257123ABC-

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

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

LLC REGISTERED AGENT RESIGNATION WELFARE RESOURCES LLC

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

T. LEMIEUX

Help SEP 3 0 2024

Electronic Filing Menu Corporate Filing Menu

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.011	5. Florida Statutes, the under	signed,			
ROCKET LAWYER CORPORATE SERVICES LLC			, hereby resigns as			
	Name of Registered Agent		, 1.01.00) 1.0018110 110			
Registered Agent for	Welfare Resource	es LLC			_	
	Name of Lin	nited Liability Company				
L22000417752						
Document l	Number, if known					
The agency is termina	ted and the office disco	ntinued on the 31st day after Signature of Resigning Agent		alemen	t is filed	1,
If signing on behalf of	an entity:					
	EDNA PERRY			<i>හ</i> ල	<u>~</u>	
	Ţ	yped or Printed Name			<u> </u>	
	Asst. Secretary Rocke	et Lawyer Corporate Services L	rc =	÷,		Ŋ
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit	mpany Voluntarily dissolved/	Y OF ST	SUST SEED OF AN INCOME.	

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