Department of State

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.

(((H25000033659 3)))



H250000336593ABC0

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.

Email Address:___

LLC REGISTERED AGENT RESIGNATION **NEW WAVE LIGHT THERAPY LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$85.00 |

Electronic Filing Menu Corporate Filing Menu

Help

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisi | ons of section 605.0115, Florid | la Statutes, the unde | ersigned, |
|--------------------------------------|--|---|--|
| ROCKET LAWYER CORPORATE SERVICES LLC | | , hereby resigns as | |
| | Name of Registered Agent | | |
| Registered Agent for _ | New Wave Light Therap | y LLC | |
| | Name of Limited Liab | ility Company | , |
| L23000029951 | | | |
| Document ? | lumber, if known | | |
| The agency is terminat | Edna Warz | on the 31st day afte | er the date on which this statement is filed |
| If signing on behalf of | an entity: | | ٨. |
| | EDNA PERRY | | FILI 2025 JAN 29 |
| | Typed or P | rinted Name | |
| | Asst. Secretary Rocket Lawye | r Corporate Services | N 29 |
| | Capac | ity | ED AM 9:0 SEELTLORN |
| | FILING FEES: \$ 85.00 Active \$ 25.00 Admit with | e limited liability o nistratively dissolv Irawn limited liabil | ompany ed/voluntarily dissolved/ |

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