3/25/24, 1:55 PM

Division of Corporations

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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 er the email address for this business energy to be accepted annual report mailings. Enter only one email address please. ••

Email Address:

LLC REGISTERED AGENT RESIGNATION **ASYLUM SYSTEMS LLC**

Certificate of Status	0
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To: 18506176383 From: 12792140142 Date: 03/25/24 Time: 8:57 PM Page: 03/03

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Registered Agent for Asylum Systems LLC Name of Limited Liability Company L23000101333 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 Signature of Resigning Agent If signing on behalf of an entity:	Pursuant to the provisi	ons of section 605.0115, Florida Statutes	s, the undersigned,		
Name of Registered Agent Registered Agent for Asylum Systems LLC Name of Limited Liability Company L23000101333 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 Signature of Resigning Agent Signature of Resigning Agent	, here		hereby resigns	_ , hereby resigns as	
Name of Limited Liability Company L23000101333 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 Signature of Resigning Agent Signature of Resigning Agent			, nercey resigns		
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 Signature of Resigning Agent Signature of Resigning Agent	Registered Agent for	Asylum Systems LLC			
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 Signature of Resigning Agent Signature of Resigning Agent		Name of Limited Liability Compa	any	,	
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 signature of Resigning Agent. Signature of Resigning Agent.	L23000101333				
The agency is terminated and the office discontinued on the 31st day after the date on which this statement Signature of Resigning Agent If signing on behalf of an entity:	Document l	Number, if known			
Signature of Resigning Agent Signing on behalf of an entity:					filed
If signing on behalf of an entity:		Edna Marz		26 AM	,
	If signing on behalf of	an entity:		വ	
EDNA PERRY		EDNA PERRY			
Typed or Printed Name		Typed or Printed Name			
Asst. Secretary Rocket Lawyer Corporate Services LLC		Asst. Secretary Rocket Lawyer Corporat	te Services LLC		
Capacity		Capacity			

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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