## Florida 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.

(((H24000340320 3)))



H2400034032034BCS

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:			
CINGTT	AUUFESS:			

## LLC REGISTERED AGENT RESIGNATION MID AMERICA LIMITED LIABILITY COMPANY

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 provision	ons of section 605.0115	, Florida Statutes, the unders	igned,
ROCKET LAWYER CO	hereby resigns as		
·	Name of Registered Ager		nerooy romani an
Registered Agent for	MID AMERICA Lir	mited Liability Company	
	Name of Lim	ited Liability Company	
L24000415861			
Document N	umber, if known	_	
A copy of this resignati	on was mailed to the a	bove listed limited liability of	ompany at its last known address.
The agency is terminate	ed and the office discor	ntinued on the 31st day after	the date on which this statement is filed
	Shu Men	Signature of Resigning Agent	
If signing on behalf of a	an entity:		
	EDNA PERRY		202
	Ty	ped or Printed Name	
	Asst. Secretary Rocke	t Lawyer Corporate Services L	LC
		Capacity	-9
			-3- T
	FILING: \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	npany l/ voluntarily dissolved/ y company

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