

L21000267339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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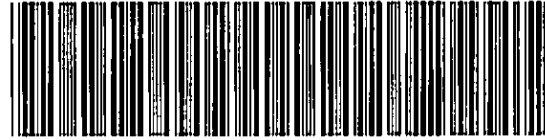
(Business Entity Name)

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TALLAHASSEE, FL



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Phone 888-272-3725 Fax 800-603-5868

**REFERENCE # MUST BE ON INVOICE TO BE PAID**

Date: July 25, 2022

Vendor # 1960

TO: Florida Department of State  
Division of Corporations PO Box 6327  
Tallahassee, FL 32314

FAX: 850-687-6381

EMAIL:

AE: Cori Ann Crosthwaite

Email: ccrosthwaite@myparacorp.com

Ref Number: 1824452

Return Shipping:

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NAME: **JOANNE DESSOURCES LLC**

**FILE REGISTERED AGENT RESIGNATION**

*State*

FL

**PLEASE EMAIL OR FAX A COPY OF RESULTS**

**If the document is black and white, please return it to via e-mail and regular mail. If the document has color or any raised seals, please send it via:**

**CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET  
888-272-3725**

# 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 JOANNE DESSOURCES LLC

Name of Limited Liability Company

L21000267339

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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### 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withdrawn limited liability company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