F1800000 4021

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
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Rith Resign

10 JUN 29 PM 4: 45

COVER LETTER

	ion of Corporations		
SUBJECT:	EQUITY CAP F	FUND ADV	ISORS, INC.
		(Name of Corporat	ion)
DOCUMEN	T NUMBER: F1800000	04021	
The enclosed	Resignation of Registered	Agent for a Corpor	ration and fee are submitted for filing
Please return	all correspondence concern	ning this matter to t	he following:
	(Name of Person)		-
PARA	CORP INCORF	PORATED	
	(Name of Firm/Compar	ıy)	-
РО ВО	X 160568		
	(Address)	· · · · · · · · · · · · · · · · · · ·	_
SACRA	AMENTO CA 9	5833	
	(City/State and Zip Cod	le)	_
For further in	nformation concerning this i	natter, please call:	
Emily S	Smith	_{at} (800	533.7272 & Daytime Telephone Number)
	(Name of Person)	(Area Code	& Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150)9.
Florida Statutes, the undersigned. PARACORP INCORPORATED	
(Name of Registered Agent)	
hereby resigns as Registered Agent for EQUITY CAP FUND ADVISORS	, INC.
(Name of Corporation)	
F18000004021	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	address.
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.	which
(Signature of Resigning Agent)	202
If signing on behalf of an entity:	2020 JUN 29
JODY MOUA	
(Typed or Printed Name)	PH
	Ę.
ASST. SECRETARY FOR PARACORP INCORPORATED	£2

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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

(Capacity)