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COVER LETTER

Amendment Section Division of Corporations

SUBJECT: LIVEMERCIAL AVIA Name of Limite	TION HOLDING, LLC d Liability Company
	.07000060511
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this m	natter to the following:
Valerie Rodriguez Name of Person	
PARACORP INCORPORATED Name of Firm/Company	
2804 GATEWAY OAKS DR # 200 Address	
SACRAMENTO, CA 95833 City/State and Zip Code	
E-mail address: (to be used for future annual report not	,
For further information concerning this matter, plea	ase call:
Valerie Rodriguez at (888 272-5449 Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

...RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	of section 608.416(2) or 608.509, Florida Statutes, t	
PARAC	ORP INCORPORATED her	eby resigns as
	me of Registered Agent	cuy resigns as
Registered Agent for	LIVEMERCIAL AVIATION HOL	eby resigns as DING, LLC
	Name of Limited Liability Company	2
L0700006	<u>60</u> 511	
Document Numb	er, if known	
A copy of this resignation v	vas mailed to the above listed limited liability comp	any at its last known address.
The agency is terminated an	nd 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 er	ntity;	
	Ninh Ho	
	Typed or Printed Name	
	Asst. Secretary, Paracorp Incorporated	
	Capacity	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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