

12/21/2017 THU 14:06 FAX  
12/21/2017

10000126439

Division of Corporations  
Florida Department of State  
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Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

#500291.0002

From: Account Name : TRIPP SCOTT, P.A.  
Account Number : 075350000065  
Phone : (954)525-7500  
Fax Number : (954)761-8475

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT RESIGNATION  
PARALEGAL SUPPORT GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

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STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

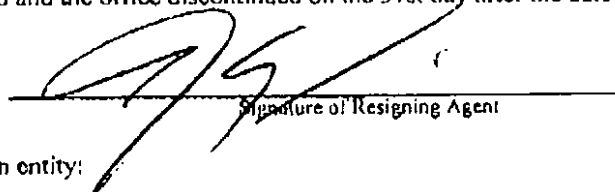
Seth E. Ellis, hereby resigns as  
Name of Registered Agent

Registered Agent for PARALEGAL SUPPORT GROUP LLC  
Name of Limited Liability Company

L10000126439  
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:

\_\_\_\_\_  
Typed or Printed Name  
\_\_\_\_\_  
Capacity

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TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

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- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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