

M13000003261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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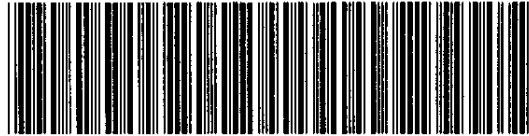
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

AUG 04 2015

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FFC ACQUISITION CO., LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M13000003261

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**SHARON COOKE**  
Name of Person

**PARACORP INCORPORATED**  
Name of Firm/Company

**PO BOX 160568**  
Address

**SACRAMENTO, CA 95816**  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**SHARON COOKE** at ( **888** ) **272-3725**  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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

**PARACORP INCORPORATED**

, hereby resigns as

Name of Registered Agent

Registered Agent for **FFC ACQUISITION CO., LLC**

Name of Limited Liability Company

**M13000003261**

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:

**SHARON COOKE**

Typed or Printed Name

**ASST SECRETARY**

Capacity

FILED  
15 JUL 31 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **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