M1400000 3074

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COVER LETTER

DIGITAL CONTENT GROUP LL	С		
SUBJECT: Name of Limi	ted Liability	Company	
DOCUMENT NUMBER: M1400003074			
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning this	matter to th	e following:	
ERNESTO CRUZ			
Name of Person			
PARACORP INCORPORATED			
Name of Firm/Company			
2804 Gateway Oaks Dr #100			
Address			
Sacramento, CA 95833			
City/State and Zip Code	-		
E-mail address: (to be used for future annual report r	notification)		
For further information concerning this matter, p	olease call:		
ERNESTO CRUZ	, 888	533-7272)	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department ely dissolved	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the un-	dersigned.
PARACORP INCO	DRPORATED	_ , hereby resigns as
	Name of Registered Agent	_ (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Registered Agent for $\frac{1}{2}$	DIGITAL CONTENT GROUP LLC	<u>. </u>
	Name of Limited Liability Company	·
M140000030 7 4		
Document S	Sumber, if known	
	ion was mailed to the above listed limited liabilised and the office discontinued on the 31st day at Signature of Resigning Agentan entity:	fter the date on which this statement is filed.
	Jody Moua	20
	Typed or Printed Name	
	Asst. Secretary for Paracorp Incorpor	rated
	Capacity	rated ::
	FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively disso withdrawn limited liab	company lved/voluntarily dissolved/ pility company

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