M1500000 5627

(Requestor's Name)		
(Address)	500337838095	1011
(Address)	000007000000	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)	01/22/2801025607 ++25	î. 90
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:	JAH	
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	10 Joseph St.	

Office Use Only

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: MORTGAGE TODAY, L	me of Limited Liabil	lity Company	
DOCUMENT NUMBER: M150000	05627		
The enclosed Resignation of Registere for filing.	d Agent for a Limi	ted Liability Company and fee are submit	ted
Please return all correspondence conce	rning this matter to	o the following:	
Emily Smith			
Name of Person			
Paracorp Incorporated			
Name of Firm/Compa	iny	_ _	
2804 Gateway Oaks Dr #100			
Address			
Sacramento, CA 95833			
City/State and Zip Co	ode		
E-mail address: (to be used for future and	nual report notification		
For further information concerning this	s matter, please cal	l:	
Emily Smith	888 at (533.7272 de Daytime Telephone Number	
Name of Person	Area Co	de Daytime Telephone Number	

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32314

nec/2/17/14

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 provision	ns of section 605.011	5. Florida Statutes, the under	rsigned.		
PARACORP INCO	RPORATED		, hereby resigns as		
	Name of Registered Age	nt			
Registered Agent for M	ORTGAGE TOD	AY, LLC			
		sited Liability Company		·	
	mer or ends,	angu raatumy Company			
M15000005627					
Document N	umber, if known				
A copy of this resignati	on was mailed to the :	above fisted limited liability (company at its last kn	own address.	
The agency is terminate	ed and the office disco	entinued on the 31st day after WO 3 Signature of Resigning Agent	the date on which thi	s statement is filed.	
If signing on behalf of a	nn entity:			25	
	Leticia Herrera			2019 DEC	T
	1	yped or Printed Name		33	ניט
	Assistant Secre	tary for Paracorp Incorp	orated		,
		Capacity		PH	
	<u>FH.ING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	d/ voluntarily dissolv	PH 3: 54	

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