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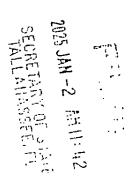
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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COVER LETTER

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: M20000007726	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Rebekka Eiben	
Name of Person	
PARACORP INCORPORATED	
Name of Firm/Company	
2804 Gateway Oaks Dr #100	
Address	
Sacramento, CA 95833	SECKETAR STALLAND
City/State and Zip Code	77 77
reiben@myparacorp.com	NS 95 E 77
E-mail address: (to be used for future annual report notification)	# E = 1
For further information concerning this matter, please call:	
Rebekka Eiben 800	533-7272 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 provisi	ions of section 605.0115, Florida Statutes, the unde	rsigned.
PARACORP INCORPORATED		, hereby resigns as
	Name of Registered Agent	
Registered Agent for	NAIRAGRAM LLC	
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
M20000007726		
Document i	Number, if known	
A copy of this resigna	tion was mailed to the above listed limited liability	company at its last known address.
The agency is termina	ted and the office discontinued on the 31st day afte	r the date on which this statement is filed.
	Signature of Resigning Agent	2025 JAN - SECRETY
If signing on behalf of	an entity:	AHAY AHAY
	Abigale Peterson	ted ted
	Typed or Printed Name	
	Asst. Secretary for Paracorp Incorpora	ted Time To
	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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115,	Florida Statutes, the unde	rsigned,		
PARACORP INCORPORATED			, hereby resigns as		
	Name of Registered Agent		, nereby resigns a	.5	
Registered Agent for _	NAIRAGRAM LLC				
	Name of Limite	ed Liability Company			,
M20000007726					
Document N	lumber, if known				
		ove listed limited liability inued on the 31st day afte			
		Signature of Resigning Agent		21 S	
If signing on behalf of	an entity:)25 J ECR TAL	¥. a
	Abigale Peterson			2025 JAH - A SECRETAF TALLAH	* ****** * ***** * ****
	Тур	ed or Printed Name		>주 (1
	Asst. Secretary fo	r Paracorp Incorpora	ted	젊음 歪	ا (سمعمو
		Capacity		AH II: 1/2 OF SEE. FI	آهين ان

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