M09 00000 4503

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800420588858

12/19/23--01014--027 **25.00

SECTION OF STATE

COVER LETTER

SUBJECT: DIXON HUGHES GOODMAN WE	ed Liability Company
	ed Etability Company
DOCUMENT NUMBER: M09000004503	
The enclosed Resignation of Registered Agent for for filing.	r a Limited Liability Company and fee are submitted
Please return all correspondence concerning this n	matter to the following:
RACHEL SCHOTT	
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 no	otification)
For further information concerning this matter, ple	lease call:
RACHEL SCHOTT	Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida I liability company or \$25.00 for an administrative liability company.	Department of State for \$85.00 for an active limited ly dissolved, voluntarily dissolved or withdrawn limited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 u	ndersigned.	
PARACORP INCO	ORPORATED	, hereby resigns as	
	Name of Registered Agent	, , , , , , , , , , , , , , , , ,	
Registered Agent for _	DIXON HUGHES GOODMAN WEALT	H ADVISORS LLC	_
	Name of Limited Liability Company		_,
M09000004503			
Document ?	Sumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liabi	lity company at its last known addres:	s.
The agency is terminal	ted and the office discontinued on the 31st day a	ent ent	
If signing on behalf of	an entity:	SEC TABLE AND	5 5 2
	Jody Moua		?
	Typed or Printed Name		
	Asst. Secretary for Paracorp Incorporate	orated Soc =	ъ ц
	Capacity	EE.FI.	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company