## F07 10000 2174

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(Address)
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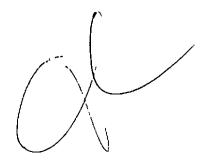
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## **COVER LETTER**

Division of Corporations
SUBJECT: DMA CLAIMS MANAGEMENT, INC.
(Name of Corporation)  DOCUMENT NUMBER: F07000002176
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAE BARBA (Name of Person)
PARACORP INCORPORATED  (Name of Firm/Company)
PO BOX 160568 (Address)
SACRAMENTO CA 95833 (City/State and Zip Code)
For further information concerning this matter, please call:
MAE BARBA (Name of Person)  at (800) 533.7272 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of secti	ons 607.0502(2), 617.0502(2), 607.1509, or 617.	.1509,	
Florida Statutes, the undersigned, PARACORP INCORPORATED			
<b>.</b>	(Name of Registered Agent)		
hereby resigns as Registered Ager	or for DMA CLAIMS MANAGEMEN	NT, INC.	
nereby resigns as registered rige.			
F07000002176			
(Document Number, if known)	<del></del>		
A copy of this resignation was ma	iled to the above listed corporation at its last kno	wn address.	
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date	on which 2007 First	
		-# 	
	(Signature of Resigning Agent)	<u>C</u> 1	
If signing on behalf of an entity:		- <u></u>	
JODY MO	UA	: : : : : : : : : : :	
	(Typed or Printed Name)		
ASST. SECRE	TARY FOR PARACORP INCORPORATED		
<del> </del>	(Capacity)		

## Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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