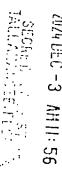
F22000004520

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

TO:	Amendment Section Division of Corporations
SUBJ	PROPY, INC.
	(Name of Corporation)
DOCU	JMENT NUMBER: F22000004520
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
JESSIC	CA CONNRAD
	(Name of Person)
PARA	CORP INCORPORATED
	(Name of Firm/Company)
2804 G	ateway Oaks Dr #100
	(Address)
Sacram	nento, CA 95833
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
JESSIC	CA CONNRAD 800 533-7272 at ()
	(Name of Person) at (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

•	ons 607.0503(2), 617.0502(2), 607.1509, or 61	7.1509.
Florida Statutes, the undersigned,	PARACORP INCORPORATED	
Samuela, mo andornighou,		
hereby resigns as Registered Agen	nt for PROPY, INC. (Name of Corporation)	
F22000004520		
(Document Number, if known)		
A copy of this resignation was ma	iled to the above listed corporation at its last kr	nown address.
The agency is terminated and the chis statement is filed.	office discontinued on the 31st day after the dat	
	000	2004 DEC -3
	(Signature of Resigning Agent)	-
If signing on behalf of an entity:		
ABIGALE PETERS	SON	ن
	(Typed or Printed Name)	- ∵
Asst. Secretary for F	Paracorp Incorporated	
	(Capacity)	-

Fee for filing this document:

S87.50 - Active CorporationS35.00 - 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