

L04000046577

(Requestor's Name)

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TALLAHASSEE, FLORIDA

L04000046577  
2/11/05  
2/11/05

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Paradigm Solutions, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L04000046577

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

George Scher  
(Name of Person)

Paradigm Solutions, LLC  
(Name of Firm/Company)

1673 SW 1ST Way, #1A-1  
(Address)

Deerfield Beach, FL 33441  
(City/State and Zip Code)

For further information concerning this matter, please call:

George Scher at (954) 426-5754  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 7, 2004

GEORGE SCHER  
PARADIGM SOLUTIONS, LLC  
1673 SW 1ST WAY, #A-1  
DEERFIELD BEACH, FL 33441

SUBJECT: PARADIGM SOLUTIONS, LLC  
Ref. Number: L04000046577

We have received your document for PARADIGM SOLUTIONS, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for resigning as a member or managing member, but Johnson Chin is not listed on our records as either. Enclosed is the proper form for Johnson Chin to resign as a registered agent, which it appears you may be trying to do.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 504A00068469

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned

J.C. Chin, hereby resigns as  
(Name of Registered Agent)

Registered Agent for Paradigm Solutions, LLC  
(Name of Limited Liability Company)

\_\_\_\_\_  
(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(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

FILED  
05 FEB 11 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA