604 0000 84975

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

SUBJECT: Para Cont Parameter, LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.	
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.	
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Please return all correspondence concerning this matter to:	THE THE
Please return all correspondence concerning this matter to: Way white Prices (Contact Person)	a O
PALM COAST PANONERS, LLC (Firm/Company)	
317 ST. GEORGE STREET (Address)	
55. Avan Stive, FL 32084 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	2
	imited liability company as it appears on the records of the Florida Department
of State is:	Arm COAST PANTNERS, LLC TO S
2. This limited liab	lity company was organized under the laws of:
3. The Florida docu	ment/registration number of this limited liability company is:
L040	20084975
4.1, <u>Suzan</u> (Print No	INE DELLAVALLE, hereby resign as a MGRM (Print Title)
of this limited liab resignation in wri	ility company and affirm the limited liability company has been notified of my ting.
Uknder	White Miles man
Signature of Resi	gning Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)