105000053468

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cid	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	<u>^</u>	, ,
	\mathcal{G}	19/12





800082195478

12/08/06--01039--001 **25.00

06 DEC -8 PH 12: 29

SECRETARY OF STATE DIVISION OF CORPORATIONS

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,
John R. Green P.A., hereby resigns as
(Name of Registered Agent)
Registered Agent for Par Enter Prises, LLC
(Name of Limited Liability Company)
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 of resigning pent)
If signing on behalf of an entity:
(Typed or printed name)
(Capacity)
FILING FEES: \$ 85.00 Active Limited Liability Company \$ 25.00 Dissolved Limited Liability Company

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

INHS17(10/99)