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SECRETARY OF STATE

S. WARREN NOV 0 8 2017

COVER LETTER

Name of Limi	ted Liab	ility Company
DOCUMENT NUMBER: L05000066501		
The enclosed Resignation of Registered Agent for filing.	or a Lim	ited Liability Company and fee are submitted
Please return all correspondence concerning this	matter	to the following:
KATELYN BEAN		
Name of Person		<u> </u>
PARACORP INCORPORATED		
Name of Firm/Company		
PO BOX 160568		
Address		
SACRAMENTO, CA 95816-0568		
City/State and Zip Code		
PARACORP@MYPARACORP.COM		
E-mail address: (to be used for future annual report n	otificatio	n)
For further information concerning this matter, p	lease ca	11:
KATELYN BEAN	800	533-7272 Daytime Telephone Number
Name of Person	Area C	ode Daytime Telephone Number

MAILING ADDRESS:

liability company.

TO: Registration Section Division of Corporations

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	sions of section 605.0115, Florida State	ites, the undersigned,	
PARACORP INC	ORPORATED	, hereby resigns as	
<u> </u>	Name of Registered Agent	, notoby robbits as	
Registered Agent for	G&G/AQUA III, LLC		
	Name of Limited Liability Cor	прапу	
L05000066501			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed lin	nited liability company at its last known address.	
The agency is termin	ated and the office discontinued on the	2011	filed
If signing on behalf o	of an entity:	NOV.	
	LETICIA BURLESON	1000 1 -6	
	Typed or Printed N ASST SECRETARY Capacity	AH ID: 24 SEE, FLORIDA	FILED

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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