

108000003785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD
JAN 21 2010
EXAMINER



100166346761

01/19/10--01064--010 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 JAN 19 AM 11:01

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IPARC Technologies, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000003785

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:

Kristen Hansen
Name of Person

PARC Management, LLC
Name of Firm/Company

7892 Baymeadows Way
Address

Jacksonville, FL 32256
City/State and Zip Code

khansen@parcmanagement.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Hansen at (904) 732-7272 x288
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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,

Corporation Service Company

Name of Registered Agent

, hereby resigns as

Registered Agent for IPARC Technologies, LLC

Name of Limited Liability Company

L08000003785

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 of Resigning Agent

If signing on behalf of an entity:

Carol Dolor, Assistant VP

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INIIS17 (08/05)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 JAN 19 AM 11:01