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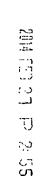
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B. BOSTICK

MAR - 3 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: AQUEL I ASSOCIATES, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L08000015510

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:

CHAKEYA T

Name of Person

PARACORP INCORPORATED

Name of Firm/Company

PO BOX 160568

Address

SACRAMENTO, CA 95816

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHAKEYA

_{at} 800

533-7272

Name of Person

rea Code Daytime Telephone

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the u	ndersigned,
PARACORP INCORPORATED	, hereby resigns as
Name of Registered Agent	
Registered Agent for AQUEL II ASSOCIATES, LLC	
Name of Limited Liability Company	,
L08000015523	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liabil	lity company at its last known address.
The agency is terminated and the office discontinued on the 31st day a	after the date on which this statement is filed
Sharon Casne Signature of Resigning Age	
Signature of Resigning Age	ent S
If signing on behalf of an entity:	
SHARON COOKE	
Typed or Printed Name	
ASST SECRETARY	
Capacity	

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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