# 109000062489

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(Re	questor's Name)	
(Ad	dress)	
- (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	<del></del>
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### COVER LETTER -

TO: Registration Section Division of Corporations

SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L09000062489	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	ne following:
RACHEL SCHOTT	
Name of Person	
PARACORP INCORPORATED	
Name of Firm/Company	
2804 Gateway Oaks Dr #100	
Address	
Sacramento, CA 95833	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
RACHEL SCHOTT 800	533-7272
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provisio	ns of section 605.011	5, Florida Statutes, the under	rsigned.				
PARACORP INCORPORATED			_ hereby resigns as				
Name of Registered Agent			<u> </u>				
Registered Agent for X	IAN INVESTMEN	ITS, LLC					
						<u> </u>	
	Name of Lin	nited Liability Company					
L09000062489							
Document Nu	umber, if known						
A copy of this resignation	on was mailed to the	above listed limited liability of	company at its las	t known	addres	S.	
The agency is terminate	d and the office disco	ontinued on the 31st day after	the date on which	ı this sta	tement	is filed.	
	(	Signature of Resigning Agent	<del></del>				
If signing on behalf of a	n entity:						
	ABIGALE PETERSON						
	Typed or Printed Name						
	Asst. Secretary for Paracorp Incorporat		ed	<u>ک</u> ر	2023		
	- <del></del>	Capacity	<del></del>	<b>A</b>	3S	-11	
				LAHASS	2023 SEP 13		
				SEE.		[ 	
	FILING \$ 85.00	FEES: Active limited liability co	mnany	•••	AH		
	\$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liability	d/ voluntarily dis ty company	sæg/	ი. ფ	<u>`</u>	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314