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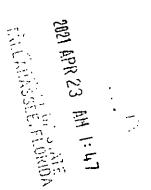
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COVER LETTER

TO: Registration Section Division of Corporations **RESIGNATION OF MGRM** SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: LISA COAKLEY (Contact Person) PARAMOUNT PLANNERS LLC (Firm/Company) 550 OCEAN CAY (Address) **KEY LARGO** (City/State and Zip Code) For further information concerning this matter, please call: JOHN TADDEO (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: **\$25** Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as	s it appears on the records of the	Florida Department
of State is: PARA	AMOUNT PLANNERS LLC		
2. The Florida doct L10000016323	ument/registration number a	ssigned to this limited liability o	company is:
3. The Bate Chiskley	mber/manager withdrew/res	signed or will withdraw/resign is	01 / 28 / 2021
Robert (lame of Person Resigning)	, hereby withdraw/resign a	as a
of this limited lia resignation in wr		ne limited liability company has	been notified of my 2021 APR 23
Signature of Di	ssociating Member or Resig	ning Manager	23 AH
—	\$25.00 (Required) \$30.00 (Optional)		LOWER THAT