

L11000040868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

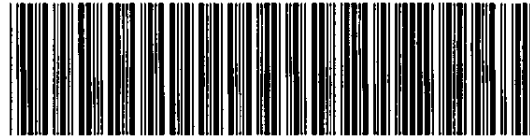
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FALLS CHURCH, NC

Ra Resignation  
inactive

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PLAYERGRID LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000040868

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:

**SHARON COOKE**

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:

**PARACORP INCORPORATED**

Name of Person

at ( 800 ) 533-7272

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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14 OCT 22 PM 3:26  
TALLAHASSEE  
SECRETARY OF STATE

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**PARACORP INCORPORATED**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **PLAYERGRID LLC**

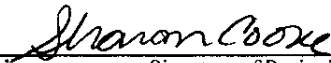
\_\_\_\_\_  
Name of Limited Liability Company

**L11000040868**

\_\_\_\_\_  
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:

**SHARON COOKE**

\_\_\_\_\_  
Typed or Printed Name

**ASST SECRETARY**

\_\_\_\_\_  
Capacity

### **FILING FEES:**

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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**

**FILED**  
14 OCT 22 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314