## L11 0000 93332

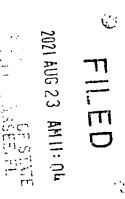
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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## COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT:	IY, LLC			
		e of Limited Liability	' Company		
DOC	UMENT NUMBER: L11000093	332			
The e for fil	nclosed Resignation of Registered . ing.	Agent for a Limited	d Liability Company and fee	e are submitted	
Please	return all correspondence concern	ning this matter to the	he following:		
Emily	y Smith				
	Name of Person		-		
PAR.	ACORP INCORPORATED				
	Name of Firm/Company	y	-		
2804	Gateway Oaks Dr #100				
	Address	·	-		
Sacr	amento, CA 95833				
-	City/State and Zip Code	9	-		
— <u>—</u>	-mail address: (to be used for future annua	al report notification)	-		
For fu	irther information concerning this r	natter, please call;			
Emily	y Smith	800 at (	533-7272		
	Name of Person	Area Code	Daytime Telephone Number	<del>er</del>	
liabili	sed is a check made payable to the ty company or \$25.00 for an admirty company.	Florida Departmen nistratively dissolve	at of State for \$85.00 for an ed, voluntarily dissolved or	active limited withdrawn limited	
МАП	LING ADDRESS:	STREI	ET ADDRESS:		
-	tration Section		ration Section		
	rision of Corporations Division of Corporations				
P.O. 1	O. Box 6327 Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

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

Pursuant to the provision	ons of section 605.011	5. Florida Statutes, the unde	rsigned.	
PARACORP INCORPORATED , hereby			, hereby resigns as	
	,			
Registered Agent for L	LUCINI ITALIA CC	DMPANY, LLC		
	Name of Lin	nited Liability Company		<del></del> ·
L11000093332				
Document N	lumber, if known			
A copy of this resignat	ion was mailed to the	above listed limited liability	company at its last known add	ress.
The agency is terminat	ed and the office disco	ontinued on the 31st day after	er the date on which this statem	ent is filed.
		MID		
		Signature of Resigning Agent	<del></del>	
If signing on behalf of	an entity:		. <del>.</del> ?	20
	Jody Moua		ł	7021 AUG 23
		lyped or Printed Name		F   -
	Asst. Secretary	for Paracorp Incorpora	ted	
		Capacity		
			ניוט:	
				2
	FILING \$ 85.00 \$ 25.00	Active limited liability co	ompany ed/ voluntarily dissolved/	

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