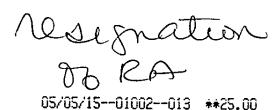
L11000142915

(Requestor's Name)				
. (Address)				
(Address)				
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PICK-UP WAIT MAIL				
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(Document Number)				
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5/11/15

COVER LETTER

SUBJECT:	MINT 5101	
		Name of Limited Liability Company
DOCUMENT N	UMBER:	L11000142975
The enclosed Res	signation of Re	gistered Agent for a Limited Liability Company and fee are submitted
Please return all	correspondence	e concerning this matter to the following:
SHARON COOK		
	Name of P	Person
PARACORP INC	CORPORATED	
· · · · · · · · · · · · · · · · · · ·	Name of Firm	/Company
PO BOX 16056		
	Addres	SS
SACRAMENTO,	CA 95816	
	City/State and	Zip Code
E-mail address	: (to be used for fu	uture annual report notification)
For further inforr	nation concern	ing this matter, please call:
PARACORP IN	CORPORATED	at (888) 272-3725 Area Code Daytime Telephone Number
N	ame of Person	Area Code Daytime Telephone Number

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations

TO:

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

2

Pursuant to the provision	ns of section 605.0115, Florida Stat	utes, the undersigned,
PARACORP INCO	RPORATED	, hereby resigns as \$\frac{1}{2} \tag{7}
	Name of Registered Agent	- , incress resigns as seen seen seen seen seen seen seen
Registered Agent for	MINT 5101 LLC	The Table
	Name of Limited Liability Co	mpany , ,
L11000142975		
Document Nu	mber, if known	
		nited liability company at its last known address. 31st day after the date on which this statement is filed.
The agency is terminated	Shawn Cox. Signature of Re	
If signing on behalf of a	n entity:	
	SHARON COOKE	
	Typed or Printed N	lame
	ASST SECRETARY	
	Capacity	-

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

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