L12000058766

(Requestor's Name)	
(ixequestors realite)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
(Document Number)	
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Certified Copies Certificates of	f Status
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Special Instructions to Filing Officer:	





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S. ROBERTS FEB 1 2 2025

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L12000058766	
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 the	e following:
Rebekka Eiben	
Name of Person	
PARACORP INCORPORATED	
Name of Firm/Company	
2804 Gateway Oaks Dr #100	
Address	
Sacramento, CA 95833	
City/State and Zip Code	
reiben@myparacorp.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rebekka Eiben at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 605.0115, Florida Statutes, the under	rsigned.
PARACORP INC	ORPORATED	, hereby resigns as
	Name of Registered Agent	, hereby realignature
Registered Agent for	WYATT FINANCE, LLC	
	Name of Limited Liability Company	
L12000058766		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed limited liability	company at its last known address.
The agency is termina	ated 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 o	f an entity:	FIL 2025 JAN -2 SECRETAR TALLAHA
	Abigale Peterson	LAHASSE
	Typed or Printed Name	——————————————————————————————————————
	Asst. Secretary for Paracorp Incorporat	ted SSC 3
	Capacity	SEE FL

FILING FEES:

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

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Pursuant to the provision	ons of section 605.0115, Florida Statutes, the t	undersigned,	
PARACORP INCO	PRPORATED	, hereby resigns as	
	Name of Registered Agent	,	
Registered Agent for V	VYATT FINANCE, LLC		_
	Name of Limited Liability Company		
L12000058766			
Document N	fumber, if known		
A copy of this resignation	ion was mailed to the above listed limited liab	ility company at its last known addres	S.
The agency is terminate	ed and the office discontinued on the 31st day	after the date on which this statement	is filed.
	Signature of Resigning Ag	SECRE IALLA	77
If signing on behalf of	an entity:	AHA (1-2	4-1100
	Abigale Peterson	ري. - د	m
	Typed or Printed Name	orated Tib	O
	Asst. Secretary for Paracorp Incorp	orated 구절 🚊	
	Capacity		

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ 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