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(Re	questor's Name)	
(110	questor s rearrier	
(Ad	dress)	
(//u	uiess)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Eiling Officer	
	Timing Officest.	





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SEUNE TARY OF SHARE TALL AHASSEE, FI

TO

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: OTF LHP, LLC			
	Name of Limited Liability	v Company T	
DOCUMENT NUMBER: L1200	0078464		
The enclosed Resignation of Regis for filing.	tered Agent for a Limite	d Liability Company and fee are submitted	
Please return all correspondence co	oncerning this matter to t	he following:	
C/O JOSE GOMEZ			
Name of Pers	Son	-	
PARACORP INCORPORATED)		
Name of Firm/Co	empany	-	
2804 Gateway Oaks Dr #100			
Address		-	
Sacramento, CA 95833			
City/State and Zi	p Code	-	
E-mail address: (to be used for futur	e annual report notification)	_	
For further information concerning	this matter, please call:		
VANESSA FLANAGAN	800	⁵³³⁻⁷²⁷²	
Name of Person	at (at Code	Daytime Telephone Number	
Enclosed is a check made payable liability company or \$25.00 for an liability company.	to the Florida Departmen administratively dissolve	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:		ET ADDRESS:	
Registration Section	2	Registration Section	
Division of Corporations		Division of Corporations Clifton Building	
P.O. Box 6327		n Building Executive Center Circle	
Tallahassee, FL 32314		assee, FL 32301	

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	as of section 605.0115, Florida Stat	autes, the undersigned.		
PARACORP INCO	RPORATED	, hereby resign	S 11S	
-	Name of Registered Agent	thereby reargin	i. etc	
Registered Agent for O	TF LHP, LLC		<u>.</u>	
	Name of Limited Liability Co	ompany	,	
L12000078464				
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the above listed fir	nited liability company at its	last known address.	
The agency is terminated	I and the office discontinued on the	31st day after the date on wh		d.
If signing on behalf of a	Signature of Re	esigning Algent	AHAX AHAX	n
-	Jose Gomez		PH 3: 08	
	Typed or Printed N		ा <u>ं</u> प्र	
	Asst. Secretary for Paracorp		드뤼 08	
	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