# L13000034683

(Requestor's Name)
(Address)
(Address)
(Hadress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2023 APR 24 AH H: 30

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JUL 2 1 2023

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### COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: EXTRAMILE PROCUREMENT,					
Name of Lim	iited Liability	Company			
DOCUMENT NUMBER: L13000034683					
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fe	e are st	.tbmitt	ed
Please return all correspondence concerning this	s matter to th	ne following:			
Leticia Herrera					
Name of Person		•			
PARACORP INCORPORATED					
Name of Firm/Company	<del>-</del>	•			
2804 GATEWAY OAKS DRIVE #100					
Address		•			
SACRAMENTO, CA 95833					
City/State and Zip Code	<u> </u>	-		~ 3	
lburleson@myparacorp.com			÷ .	2023 APR	
E-mail address: (to be used for future annual report	notification)		•	10 10	
For further information concerning this matter,	please call:			42	- u
Leticia Herrera	,888	272-3725		<u> </u>	
Name of Person	Area Code	Daytime Telephone Numb	er f	#:: H: 30	الرسادة"
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrativ	Department ely dissolve	t of State for \$85.00 for an d, voluntarily dissolved or	active withdra	limited awn lid	d mited

#### MAILING ADDRESS:

liability company.

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 provision	ons of section 605.0115. Florida Statutes, the undersigned,		
PARACORP INCO	RPORATED, hereby res	signs as	
	Name of Registered Agent	3. <b>6</b>	
Registered Agent for	XTRAMILE PROCUREMENT, LLC		_
-			
	Name of Limited Liability Company		•'
L13000034683			
Document No	umber, if known		
A copy of this resignation	on was mailed to the above listed limited liability company a	t its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day after the date of	n which this statement i	s filed.
	all		
	Signature of Resigning Agent	20	ı
If signing on behalf of a	in entity:	. 23 A	
	Jody Moua	2023 APR 24	!
	Typed or Printed Name	5.	,
	ASST. SECRETARY FOR PARACORP INCOR	359 27 (	
	Capacity		
		( <sub>10</sub> 3	
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntar withdrawn limited liability company	rily dissolved/ y	

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