

Nov. 3. 2016 11:30AM

Division of Corporations

No. 0417 P. 1/3

L1400008902
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000269714 3)))



H160002697143ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
2016 NOV -3 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 NOV -3 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION
PAIRED LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT

NOV 4 2016

Nov. 3. 2016 11:31AM

H 160000 No. 041714P. 3/3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAIRED LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000089902

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONICA CLIFFORD

Name of Person

INCORPORATING SERVICES, LTD.

Name of Firm/Company

3500 SOUTH DUPONT HIGHWAY

Address

DOVER, DE 19901

City/State and Zip Code

RADIV@INCSERV.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA CLIFFORD

at (800) 346-4646

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

FILED
16 NOV -3 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Nov. 3. 2016 11:31AM

H (No. 0417) 2P. 2/314 3

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

INCORPORATING SERVICES, LTD.

Name of Registered Agent

, hereby resigns as

Registered Agent for **PAIRED LLC**

Name of Limited Liability Company

L14000089902

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated 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 of an entity:

AMY M. BALKE

Typed or Printed Name

ASSISTANT SECRETARY

Capacity

FILING FEES:

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

FILED
16 NOV -3 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

INHS17 (2/14)