## 114000 152968

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MAR 2 5 2020 S. YOUNG

## **COVER LETTER**

SUBJECT: PARADIGM SOCIAL N	MEDIA LLC
SUBJECT: N	ame of Limited Liability Company
DOCUMENT NUMBER: L140001	
The enclosed Resignation of Register for filing.	red Agent for a Limited Liability Company and fee are submitted
Please return all correspondence conc	erning this matter to the following:
Emily Smith	
Name of Person	<del></del>
PARACORP INCORPORATED	
Name of Firm/Comp	pany
2804 Gateway Oaks Dr #100	
Address	
Sacramento, CA 95833	
City/State and Zip C	ode
E-mail address: (to be used for future a	nnual report notification)
For further information concerning th	is matter, please call:
Emily Smith	at (888 ) 533-7272  Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the liability company or \$25.00 for an additional liability company.	the Florida Department of State for \$85.00 for an active limited ministratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	STREET ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

**TO:** Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the un	ndersigned,		
PARACORP INCORPORATED		_ , hereby resigns as		
	Name of Registered Agent	Nereoj resigns as		
Registered Agent for	PARADIGM SOCIAL MEDIA LLC			
	Name of Limited Liability Company		·	
L14000152968				
Document	Number, if known			
_	ation was mailed to the above listed limited liabil			
The agency is termina	ated and the office discontinued on the 31st day a	fter the date on which this	s statement is fi	led.
	Signapare of Resigning Age	nt §	2020 MAR	1217 <b>2</b> 4
If signing on behalf o	f an entity:	- >H	R	
	Jody Moua	ਸ ਅ	が 202 - 6	tertical
	Typed or Printed Name			1
	Asst. Secretary for Paracorp Incorpo	rated	10KS 7	
	Capacity		. 09	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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