L15000090199

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

Office Use Only



700294005727

01/17/17--01019--022 **25.00

TILLU A 9 08 PARE NOR 108 PARE

S WarrenJAN 1 8 2017

COVER LETTER

Division of Corporations WPX INVESTMENTS LLC Name of Limited Liability Company DOCUMENT NUMBER: L15000090199 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: **Emily Smith** Name of Person Paracorp Incorporated Name of Firm/Company PO Box 160568 Address Sacramento, CA 95816 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sharon Cooke Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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	s of section 605.01	15, Florida Statutes, the unde	rsigned,			
Paracorp Incorporated , here			, hereby resigns a	reby resigns as		
	Name of Registered Age	ent	, ,			
Registered Agent for W	PX INVESTMEN	NTS LLC				
	Name of Lit	mited Liability Company		·	 ,	
L15000090199						
Document Nu	mber, if known					
A copy of this resignation	on was mailed to the	above listed limited liability	company at its la	ıst known add	ress.	
The agency is terminated	d and the office disc	ontinued on the 31st day afte	r the date on which	ch this statem	ent is filed.	
	Shan	Signature of Resigning Agent				
If signing on behalf of an entity:				2017 35EC		
	Sharon Cooke					
		Typed or Printed Name		SA A	£	
	Assistant Secre	etary, Paracorp Incorpor	ated	1914 -J	m	
		Capacity		S. S. S.		
				A & 08 IF STATE IF LORIDA		
				Dm 8		
	FILINC \$ 85.00 \$ 25.00	G FEES: Active limited liability co Administratively dissolve withdrawn limited liabil	ompany ed/ voluntarily di ity company	issolved/		

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