L15000100629

| (Re | equestor's Name) | | |
|---|--------------------|-----------|--|
| (Address) | | | |
| (Ad | ldress) | | |
| (Cit | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | isiness Entity Nan | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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| | _ | <i>I</i> : | |
|---|---|--|--|
| TO: Registration Section Division of Corporations | | | |
| | | • | |
| SUBJECT: ADVANCED ELITE SOLUTIONS, | LLC | | |
| Name of Limite | d Liability | Company | |
| DOCUMENT NUMBER: L15000100629 | | | |
| The enclosed Resignation of Registered Agent for for filing. | a Limited | Liability Company and fee are submitted | |
| Please return all correspondence concerning this m | natter to th | e 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 not | ification) | | |
| For further information concerning this matter, ple | ase call: | | |
| Emily Smith at (| 88 | 280.6563 | |
| | rea Code | Daytime Telephone Number | |
| Enclosed is a check made payable to the Florida D liability company or \$25.00 for an administratively liability company. | epartment dissolved | of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited | |
| MAILING ADDRESS: | STREE | STREET ADDRESS: | |
| Registration Section | Registration Section | | |
| Division of Corporations | Division of Corporations | | |
| P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle | | |
| | 2001 Executive Center Circle | | |

Tallahassee, FL 32301

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

| Pursuant to the provisio | ons of section 605.0115, Florida Statutes, the und | lersigned, |
|------------------------------|---|--|
| Paracorp Incorporated hereby | | _ , hereby resigns as |
| | Name of Registered Agent | _, hereby resigns as |
| Registered Agent for A | DVANCED ELITE SOLUTIONS, LLC | |
| | Name of Limited Liability Company | , |
| L15000100629 | | |
| Document No | umber, if known | |
| A copy of this resignation | on was mailed to the above listed limited liability | y company at its last known address. |
| The agency is terminate | ed and the office discontinued on the 31st day aft | er the date on which this statement is filed |
| | Signature of Resigning Agent | |
| If signing on behalf of a | | 17 APR - 7 |
| | Sharon Cooke, Paracorp Incorporated | |
| | Typed or Printed Name | |
| | Assistant Secretary | FLORID |
| | Capacity | |

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00