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TO: Registration Section

Division of Corporations

CONCORD WILSHIRE REAL ESTATE GROUP, LLC SUBJECT:

Name of Limited Liability Company

DOCUMENT NUMBER: ____

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:

ERNESTO CRUZ

Name of Person

PARACORP INCORPORATED

Name of Firm/Company

2804 Gateway Oaks Dr #100

Address

Sacramento, CA 95833

City/State and Zip Code

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

For further information concerning this matter, please call:

 ERNESTO CRUZ
 at (
 888
 533-7272

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

1

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

PARACORP INCORPORATED

hereby resigns as

Name of Registered Agent

Registered Agent for ______ CONCORD WILSHIRE REAL ESTATE GROUP, LLC

Name of Limited Liability Company

L15000135198

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	20201
If signing on behalf o	an entity:	· · · · · · · · · · · · · · · · · · ·
	Jody Moua	
	Typed or Printed Name Asst. Secretary for Paracorp Incorporated	12:
	Capacity	3 3 3

FILING FEES:

\$ 85.00 \$ 25.00

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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