L15000203287

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Link, Hume)
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Ra Resignation

JUL 2 7 2023

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:			′, LL(
Name of Lim	ited Liability	Company				
DOCUMENT NUMBER: L15000203287						
The enclosed Resignation of Registered Agent f for filing.	or a Limited	Liability Company and	fee are si	abmitted		
Please return all correspondence concerning this	matter to th	ne following:				
Leticia Herrera						
Name of Person		•				
PARACORP INCORPORATED						
Name of Firm/Company						
2804 GATEWAY OAKS DRIVE #100						
Address						
SACRAMENTO, CA 95833						
City/State and Zip Code						
lburleson@myparacorp.com						
E-mail address: (to be used for future annual report	notification)					
For further information concerning this matter, p	olease call:					
Leticia Herrera	, 888	272-3725 Daytime Telephone Num	militi	2023 1		
Name of Person	Area Code	Daytime Telephone Num	iber :		í	
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department ely dissolved	t of State for \$85.00 for a d, voluntarily dissolved o	in active or withdra		ied.	
MAILING ADDRESS:	STREE	ET ADDRESS:	; ,	<u></u>		
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle					
	ssee, FL 32301					

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the unde	rsigned,			
PARACORP INCOM	RPORATED		. hereby resigns as			
	Name of Registered Age		. Heree, remains as			
Registered Agent for El	NVIRONMENTAL	_ PEST SERVICE MAN	NAGEMENT CON	ИРАNY, L	LC —	
	Name of Lin	nited Liability Company			<u> </u>	
L15000203287						
Document Nu	mber, if known					
A copy of this resignation	n was mailed to the a	above listed limited liability	company at its last k	:nown addre	ss.	
		ontinued on the 31st day afte	r the date on which t	his statemen	nt is file	ed.
If signing on behalf of ar	n entity:					
		JODY MOUA Sped or Printed Name RY FOR PARACORP INCOME	RPORATED	기호는 라이크 8 라이크 8	2023 H	يوني تعد
	ASST. SECRETAR	Capacity			11 - 1 P	6 (
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily disso ity company	ilved/	10:1 HA	

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