

L16000033377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2017 DEC -4 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
DEC -7 2017

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PHAZE 3 TRINITY, LLC
(Name of Corporation)

DOCUMENT NUMBER: L16000033377

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATELYN BEAN

(Name of Person)

PARACORP INCORPORATED

(Name of Firm/Company)

PO BOX 160568

(Address)

SACRAMENTO, CA 95816

(City/State and Zip Code)

For further information concerning this matter, please call:

KATELYN BEAN at (**800**) **533-7272**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
2017 DEC -4 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, PARACORP INCORPORATED

(Name of Registered Agent)

hereby resigns as Registered Agent for PHAZE 3 TRINITY, LLC

(Name of Corporation)

L16000033377

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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)

If signing on behalf of an entity:

Milton Vong

(Typed or Printed Name)

Asst Secretary

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2017

PARACORP INCORPORATED
KATELYN BEAN
P.O. BOX 160568
SACRAMENTO, CA 95816

SUBJECT: PHAZE 3 TRINITY, LLC
Ref. Number: L16000033377

We have received your document for PHAZE 3 TRINITY, LLC and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 717A00022704

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2017 DEC -4 AM 11:43
TALLAHASSEE, FLORIDA