17000739957

| (Req | uestor's Name) | |
|---|------------------|-------------|
| (Add | ress) | |
| (Add | ress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

SUBJECT:____ Name of Limited Liability Company DOCUMENT NUMBER: L17000239957 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: ANTOINETTE GRANADOS 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: ANTOINETTE GRANADOS 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| rursuant to the provisions of section 6 | 05.0445. Florida Statutes | , the undersigned, |
|---|---|--|
| PARACORP INCORPORATED Name of Registered Agent | | , hereby resigns as |
| | | |
| Registered Agent for UN4GETTAB | LE SOLUTIONS, LL | .C |
| | | |
| Nam | e of Limited Liability Compan | ıķ |
| L17000239957 | | |
| Document Number, if known | | |
| A copy of this resignation was mailed | to the above listed limited | d liability company at its last known address. |
| The agency is terminated and the offic | e discontinued on the 31s | st day after the date on which this statement is filed. |
| | Typed or Printed Name etary for Paracorp Inc Capacity | TELL SECRETA |
| \$ 8 | 25.00 Administratively | iability company y dissolved/ voluntarily dissolved/ ted liability company |

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