# 118000026903

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
(0	y/Ctototo/Elp// Horis ///	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
·		
(Do	cument Number)	
(DC	cament Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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### **COVER LETTER**

	e of Limited Liab	bility Company	
DOCUMENT NUMBER: L18000026	5903		
The enclosed Resignation of Registered for filing.	Agent for a Lim	nited Liability Company and fee are subr	nitted
Please return all correspondence concern	ning this matter	to the following:	
ANTOINETTE GRANADOS			
Name of Person		_ <del></del>	
PARACORP INCORPORATED			
Name of Firm/Compan	ıy	<del>_</del>	
2804 GATEWAY OAKS DR #100			
Address	<del></del>	<del></del>	
SACRAMENTO, CA 95833			
City/State and Zip Cod	e	<u></u>	
E-mail address: (to be used for future annu	ual report politicatio		
For further information concerning this			
ANTOINETTE GRANADOS	800	) 533-7272 ode Daytime Telephone Number	
Name of Person	Area C	ode Daytime Telephone Number	

#### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unde	ersigned.
PARACORP INCORPORATED		, hereby resigns as
	Name of Registered Agent	
Registered Agent for	SANDY CREEK TRUCK LEASING, LLC	
	Name of Limited Liability Company	,
L18000026903	,	
Document N	lumber, if known	
A copy of this resignat	ion was mailed to the above listed limited liability	company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after	er the date on which this statement is filed.
	Signature of Resigning Agent	<del></del>
If signing on behalf of		THE STATE OF THE S
	JODY MOUA	
	Typed or Printed Name	
	Asst. Secretary for Paracorp Incorpora	ited 完成是 C
	Capacity	\$ 52 S

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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