## L18000171407

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

SUBJECT: MDIG OF FLORIDA, F	LLC		
N	ame of Limited Liability	Company	
DOCUMENT NUMBER: L180001	71407	<u> </u>	
The enclosed Resignation of Register for filing.	red Agent for a Limited	Liability Company and fee are submitted	
Please return all correspondence conc	erning this matter to th	ne following:	
Rachel Schott			
Name of Person			
PARACORP INCORPORATED			
Name of Firm/Comp	pany		
2804 Gateway Oaks Dr #100			
Address			
Sacramento, CA 95833			
City/State and Zip C	Code		
E-mail address: (to be used for future a	nnual report notification)		
For further information concerning th	is matter, please call:		
Rachel Schott	800	533-7272	
Name of Person	Area Code	) 533-7272 Daytime Telephone Number	
Enclosed is a check made payable to liability company or \$25.00 for an addiability company.	the Florida Departmen ministratively dissolve	t of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREI	ET ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

**TO:** Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.01	15. Florida Statutes, the und	ersigned,
PARACORP INCO	RPORATED		_ , hereby resigns as
	Name of Registered Ag		Hereby realignates
Registered Agent for N	IDIG OF FLORIC	DA, PLLC	
	Name of Li	mited Liability Company	·
L18000171407			
Document N	umber, if known	<del>.</del>	
A copy of this resignati	on was mailed to the	above listed limited liability	company at its last known address.
The agency is terminate	ed and the office disc	ontinued on the 31st day aft	er the date on which this statement is filed.
lf signing on behalf of a	·	Signature of Resigning Agent	ated Secondary S
	Jose Gomez		—— 差 6 分
		Typed or Printed Name for Paracorp Incorpora	ated School B
	7.00t. October	Capacity	ن المحالية
	FILING \$ 85.00 \$ 25.00	G FEES: Active limited liability of Administratively dissolve withdrawn limited liabi	company ved/ voluntarily dissolved/

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