# L18000292360

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### **COVER LETTER**

TO:	Registration Section Division of Corporations	÷	F
SUBJ	ECT: NATIONAL TAX SERVICE	S VI, LLC	
	T tarre	or Billinea Black	Company
DOC	UMENT NUMBER: L180002923	60 	
The e for fil	nclosed Resignation of Registered Aing.	gent for a Limited	Liability Company and fee are submitted
Please	return all correspondence concerni	ng this matter to th	e following:
Rach	el Schott		
	Name of Person		
PAR.	ACORP INCORPORATED		
	Name of Firm/Company		
2804	Gateway Oaks Dr #100		
	Address	-	
Sacr	amento, CA 95833		
	City/State and Zip Code		
Ē	-mail address: (to be used for future annual	report notification)	
For fu	rther information concerning this m	atter, please call:	
Rach	el Schott	800	533-7272 Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number
Enclo	sed is a check made payable to the F	Torida Department	of State for \$85.00 for an active limited

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### MAILING ADDRESS:

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	ns of section 605.0115, Florida St	atutes, the undersigned,	
PARACORP INCOM	RPORATED	, hereby resigns as	s
	Name of Registered Agent		
Registered Agent for N	ATIONAL TAX SERVICES	VI, LLC	
0.000	Name of Limited Liability C	lompany	<del>.</del>
L18000292360			
Document Nu	mber, if known		
A copy of this resignatio	in was mailed to the above listed l	imited liability company at its las	t known address.
The agency is terminated	f and the office discontinued on the	ne 31st day after the date on which	h this statement is filed.
If signing on behalf of an	Jose Gomez  Typed or Printed  Asst. Secretary for Paraco		THE IZ W 1:33
	Capacity		

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\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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