## L18000292639

(R	equestor's Name)			
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate:	s of Status		
Special Instructions to Filing Officer:				
L				

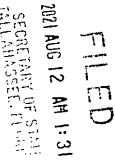
Office Use Only



900371315639

08/12/21--01005--012 \*\*85.00

08/25/2021 TH



## **COVER LETTER**

SUBJECT: NATIONAL TAX SER	VICES II, LLC	100000		
		ty Company		
DOCUMENT NUMBER: L180002	<u>2</u> 92639			
The enclosed Resignation of Register for filing.	red Agent for a Limite	ed Liability Company and fee are submitted		
Please return all correspondence con-	cerning this matter to	the following:		
Rachel Schott				
Name of Person	1			
PARACORP INCORPORATED				
Name of Firm/Com	pany	_		
2804 Gateway Oaks Dr #100				
Address		_		
Sacramento, CA 95833				
City/State and Zip C	Code	<u></u>		
E-mail address: (to be used for future a	innual report notification)	_		
For further information concerning the	nis matter, please call			
Rachel Schott	at (800	533-7272 e Daytime Telephone Number		
Name of Person	Area Cod	Daytime Telephone Number		
Enclosed is a check made payable to liability company or \$25.00 for an ad liability company.	the Florida Departme ministratively dissolv	ent of State for \$85.00 for an active limited red, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STRE	EET 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 provisio	ns of section 605.0115. Florida Sta	atutes, the undersigned.	
PARACORP INCO	RPORATED	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for N	ATIONAL TAX SERVICES I	II, LLC 	
	Name of Limited Liability C	Samouna	·
	Name of Linaed Liability C	company	
L18000292639			
Document No	amber, if known		
A copy of this resignation	on was mailed to the above listed li	imited liability company at its last known add	ress.
The agency is terminate	ed and the office discontinued on th	ne 31st day after the date on which this statement	ent is filed.
		Resigning Agent	TO THE
If signing on behalf of a	in entity:		
	Jose Gomez		
	Typed or Printed		179 3 C
	Asst. Secretary for Paracon	rp Incorporated	
	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