

L19 000195281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

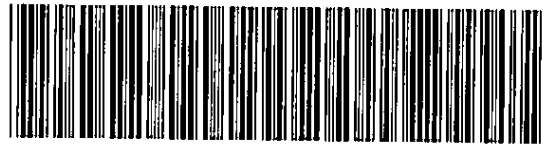
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2020 JUN -1 PM 6:36

SIMMONS

JUN 16 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Paladin Holdings Group, Limited Liability Company
Name of Limited Liability Company

DOCUMENT NUMBER: L19000193281

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:

Marcia Etheridge

Name of Person

The Paladin Holdings Group, Limited Liability Company

Name of Firm/Company

2756 Kinsail Drive

Address

Tallahassee, Florida 32309

City/State and Zip Code

doug.etheridge24@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doug Etheridge

850

766 7325

Name of Person

at (

Area Code

Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2019 JUN -1 PM 6:36

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Marcia Etheridge

, hereby resigns as

Name of Registered Agent

Registered Agent for The Paladin Holdings Group, Limited Liability Company

Name of Limited Liability Company

L19000193281

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Marcia Etheridge

Typed or Printed Name

The Paladin Holdings Group, Limited Liability Company
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