

h20000160639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

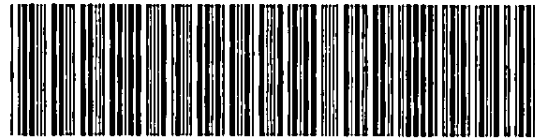
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000390559340

07/14/22--01007--009 \*\*25.00

CLERK OF SUPERIOR COURT  
FALL MASSEE, FLORIDA

2022 JUL 14 PM 3:02

2022

OCT 12 2022

S. PRATHEP

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CENTURION LIFE LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L20000160639

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:

SAVANNAH SCHMIDT  
Name of Person

PARACORP INCORPORATED  
Name of Firm/Company

2804 Gateway Oaks Dr #100  
Address

Sacramento, CA 95833  
City/State and Zip Code

paracorp@myparacorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAVANNAH SCHMIDT at ( 800 ) 533-7272  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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

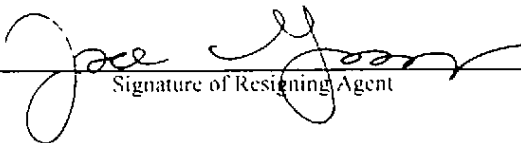
PARACORP INCORPORATED, hereby resigns as  
Name of Registered Agent

Registered Agent for CENTURION LIFE LLC  
Name of Limited Liability Company

L20000160639  
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:

JOSE GOMEZ  
Typed or Printed Name  
Asst. Secretary for Paracorp Incorporated  
Capacity

FILED  
2022 JUL 14 PM 3:02  
TALLAHASSEE, FLORIDA  
S. L. HARRIS, CLERK

## **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