Kac 2010 276925

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Durings Faith Mann)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
· - -	
-	
Special Instructions to Filing Officer:	

Office Use Only



500388880415

88/10/02--01018 -314 **20.88

2022 JUN 10 PM 3: 06

COVER LETTER

SUBJECT: SAFERTECH GROUP, LLC Name of L	imited Liability	y Company
DOCUMENT NUMBER: L20000276925		
The enclosed Resignation of Registered Agen for filing.	nt for a Limited	d Liability Company and fee are submitted
Please return all correspondence concerning t	his matter to t	he following:
Kaitlin Giblin		
Name of Person		-
PARACORP INCORPORATED		
Name of Firm/Company		-
2804 Gateway Oaks Dr #100		
Address		-
Sacramento, CA 95833		
City/State and Zip Code		-
E-mail address: (to be used for future annual repo	ort notification)	-
For further information concerning this matte	•	
Name of Person	at (533-7272
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Flori liability company or \$25.00 for an administrational liability company.	da Departmen tively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limite

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

MAILING ADDRESS:

Registration Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the unde	ersigned,			
PARACORP INCORPORATED hereby re		, hereby resigns as				
	, thereby resigns as					
Registered Agent for SA	AFERTECH GRO	OUP, LLC		<u>-</u>		
	Name of Lin	nited Liability Company		<u> </u>		.•
L20000276925						
Document Nu	mber, if known	 _				
A copy of this resignatio	on was mailed to the	above listed limited liability	company at its last	known a	ıddress.	
The agency is terminated	d and the office disco	ontinued on the 31st day afte	er the date on which	this state	ement is	s filed.
		Signature of Resigning Agent				
If signing on behalf of ar	n entity:			U)	207	
	Jody Moua			TALI	2022 JUN 10	-51
	T	yped or Printed Name		23	三	(2000) (2000)
	Asst. Secretary	for Paracorp Incorpora	ited	3.A.		्र स्थान
		Capacity		SEC.	꾶	
				mu mari	PH 3: 06	
					90	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability c Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily diss lity company	solved/		

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