

L220000041347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

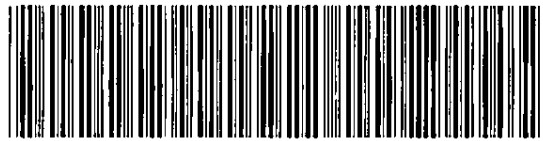
(Business Entity Name)

(Document Number)

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08/29/23--01019--023 **60.00

05/01/23--01025--024 **25.00

FILED
2023 AUG 28 PM 2:14
CLERK OF COURT
JULIE M. GIBSON

Re Resignation

OCT 12 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NMFA LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000041347

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:

Amy Borchers
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 report notification)

For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2023 AUG 28 PM 2:14
SECTION 605
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2023

LETICIA HERRERA
PARACORP INCORPORATED
2804 GATEWAY OAKS DRIVE #100
SACRAMENTO, CA 95833

SUBJECT: NMFA LLC
Ref. Number: L22000041347

We have received your document for NMFA LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 523A00016884

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

Name of Registered Agent

, hereby resigns as

Registered Agent for NMFA LLC

Name of Limited Liability Company

L22000041347

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:

Jody Moua

Typed or Printed Name

ASST. SECRETARY FOR PARACORP INCORPORATED

Capacity

FILED
2023 AUG 28 PM 2:14
SECRETARY OF THE
STATE OF FLORIDA

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