## L22000129827

(Re	questor's Name)	<u> </u>		
(Add	dress)			
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(/ 18.				
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu:	siness Entity Nan	ne)		
(Dae	cument Number)	·		
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		•			
SUBJ	ECT: Name of L					
	Name of L	imited Liability	Company			
DOC	UMENT NUMBER: L22000129827					
The enfor fil		t for a Limited	Liability Company and fee are submitted			
Please	e return all correspondence concerning the	his matter to th	ne following:			
Rebe	ekka Eiben					
	Name of Person	<del></del>	•			
PAR	ACORP INCORPORATED					
	Name of Firm/Company		•			
PO E	3ox 160568					
	Address		•			
Sacr	amento, CA 95816					
	City/State and Zip Code		•			
E	-mail address: (to be used for future annual repo	ort notification)				
For fu	orther information concerning this matte	r, please call:				
Rebe	ekka Eiben Name of Person	800	533-7272			
	Name of Person	Area Code	Daytime Telephone Number			
liabili	sed is a check made payable to the Flori ty company or \$25.00 for an administrat ty company.	da Departmen tively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited			
	LING ADDRESS:		ET ADDRESS:			
_	tration Section	_	Registration Section Division of Corporations			
	ion of Corporations Box 6327		Clifton Building			
	nassee, FL 32314		661 Executive Center Circle			

Tallahassee, FL 32301

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

Pursuant to the provision	ns of section 605.0115	5. Florida Statutes, the unde	rsigned,			
PARACORP INCORPORATED			, hereby resigns as			
	nt	(neled) resigns us				
Registered Agent for D	G SUN CO LLC					
						,
	Name of Lim	ited Liability Company				
L22000129827						
Document Nu	inber, if known					
A copy of this resignation	on was mailed to the a	bove listed limited liability	company at its las	t known	addre	SS.
The agency is terminated	d and the office disco	ntinued on the 31st day afte	er the date on which	h this sta	temer	ıt is filed.
		Signature of Resigning Agent				
If signing on behalf of a	n entity:					
	Abigale Petersor	n ,				
	T	yped or Printed Name		IA.	20.	
	Asst. Secretary f	for Paracorp Incorpora	ited	<u>}</u> .	Į4 J	ومعربته و
		Capacity		TALLAHASSI	20 <b>24 J</b> UL 12	
				( ) ) .	2	
				म्प्रेटः म	P	
	<b>FILING</b> \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabil	ompany ed/ voluntarily dis ity company	FLOR STAN	PM 12: 06	U

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