(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:				
J DENNIS				
JUL 2 1 2023				

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: FUNDLOANS, LLC	Name of Limited Liability	Company		
DOCUMENT NUMBER: L2200	00135023 			
The enclosed Resignation of Regis for filing.	stered Agent for a Limited	Liability Company and fee are submitted		
Please return all correspondence co	oncerning this matter to th	e following:		
Vanessa Flanagan				
Name of Pers	son			
PARACORP INCORPORATED)			
Name of Firm/Co	ompany			
2804 Gateway Oaks Dr #100				
Address				
Sacramento, CA 95833				
City/State and Zip Code				
E-mail address: (to be used for futur	re annual report notification)			
For further information concerning	this matter, please call:			
Vanessa Flanagan	800	533-7272 Daytime Telephone Number		
Name of Person	Area Code	Daytime Telephone Number		
Enclosed is a check made payable liability company or \$25.00 for an liability company.	to the Florida Department administratively dissolved	of State for \$85.00 for an active limited l, voluntarily dissolved or withdrawn limited		

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 provision	ns of section 605.0115	, Florida Statutes, the under	signed.
PARACORP INCO	RPORATED		hereby resigns as
	Name of Registered Agent		neredy resigns as
Registered Agent for Fl	JNDLOANS, LLC		
	Name of Limit	ted Liability Company	,,,,,
L22000135023			
Document Nu	mber, if known		
A copy of this resignation	on was mailed to the ab	oove listed limited liability c	company at its last known address.
The agency is terminated	d and the office discon	000	the date on which this statement is filed.
		Signature of Resigning Agent	
If signing on behalf of a	n entity:		
Abigale Peterson			
	Ту	ped or Printed Name	
Asst. Secretary for Paracorp Incorporated		ed	
		Capacity	
	FILING F \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit	mpany d/ voluntarily dissolved/ y company

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

SECRETARY OF STATE OF