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### **COVER LETTER**

SUBJECT: MICHAEL DAWN BROKERAGE, LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L22000252763	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Mariah Escobedo	
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:	
Mariah Escobedo at (800 Name of Person Area Code	533-7272
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

#### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

INHS17 (2/14)

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

Pursuant to the provisi	ions of section 605.0115, Florida Statutes, the und	lersigned,
PARACORP INCORPORATED		_ , hereby resigns as
	Name of Registered Agent	_ ,
Registered Agent for	MICHAEL DAWN BROKERAGE, LLC	
	Name of Limited Liability Company	,
L22000252763		
Document 1	Number, if known	
	tion was mailed to the above listed limited liability	
The agency is termina	ted and the office discontinued on the 31st day aft	ter the date on which this statement is filed
	Signature of Resigning Agent	
If signing on behalf of	an entity:	2024 t SECI
	Abby Peterson	TO YOU
	Typed or Printed Name	AHASS
	Asst. Secretary for Paracorp Incorpora	ated SSO TO
	Capacity	TILED  2024 NOV 19 PH 3: 06  SECKETARY OF STATE TALLAHASSEE.FL

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

**FILING FEES:** \$ 85.00 Active \$ 25.00 Admi

Tallahassee, FL 32314