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COVER LETTER

то:	Registration Section Division of Corporations			
SUBJ	ECT: Name of I	С		
			Company	
DOC	UMENT NUMBER: <u>L22000407617</u>			
The ei for fil	nclosed Resignation of Registered Ageing.	nt for a Limited	Liability Company and fee are	e submitted
Please	return all correspondence concerning	this matter to th	e following:	
CHR	IS MAYS			
	Name of Person	<u> </u>		
PAR	ACORP INCORPORATED			
	Name of Firm/Company			-20 -20 -20
2804	Gateway Oaks Dr #100			· · ·
	Address			
Sacra	amento, CA 95833			, -
	City/State and Zip Code			
СМА	YS@MYPARACORP.COM			· .
Е	-mail address; (to be used for future annual rep	port notification)		
For fu	rther information concerning this matte	er, please call:		
CHR	IS MAYS	800	533-7272	
	Name of Person	Area Code	533-7272 Daytime Telephone Number	
Enclo liabili liabili	sed is a check made payable to the Flor ty company or \$25.00 for an administra ty company.	rida Departmen atively dissolve	of State for \$85.00 for an acti I, voluntarily dissolved or with	ve limited idrawn limite

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 provi		
PARACORP INC	ORPORATED	, hereby resigns as
	Name of Registered Agent	v
Registered Agent for	JEWELL INVESTMENTS LLC	
	Name of Limited Liability Cor	npany
L22000407617		
Documen	Number, if known	
A copy of this resign	ation was mailed to the above listed lin	nited liability company at its last known address.
-		
-		
-		31st day after the date on which this statement is filed
-	ated and the office discontinued on the	31st day after the date on which this statement is filed
The agency is termin	ated and the office discontinued on the	31st day after the date on which this statement is filed
The agency is termin	ated and the office discontinued on the Signature of Re	31st day after the date on which this statement is filed
The agency is termin	Signature of Re ABBY PETERSON	31st day after the date on which this statement is filed signing Agent

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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