(Re	equestor's Name)			
(Ad	ddress)			
(Ad	idress)			
(Cil	ty/State/Zip/Phone	<del>e</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: GROWTH99 CONSULT	ING, LLC				
		Company			
DOCUMENT NUMBER: L2200042	9122				
The enclosed Resignation of Registered for filing.	d Agent for a Limited	Liability Company and fee are submitted			
Please return all correspondence conce	rning this matter to th	e following:			
RACHEL SCHOTT					
Name of Person					
PARACORP INCORPORATED					
Name of Firm/Compa	ny				
2804 Gateway Oaks Dr #100					
Address					
Sacramento, CA 95833					
City/State and Zip Co	de				
E-mail address: (to be used for future ann	nual report notification)				
For further information concerning this	s matter, please call:				
RACHEL SCHOTT	800	533-7272 Daytime Telephone Number			
Name of Person	Area Code	Daytime Telephone Number			
Enclosed is a check made payable to the liability company or \$25.00 for an admitability company.	e Florida Departmen inistratively dissolve	of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited			
MAILING ADDRESS:	STREI	ET ADDRESS:			
Registration Section	_	ration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

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

Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the unde	rsigned,			
PARACORP INCORPORATED			. hereby resigns as			
Name of Registered Agent						
Registered Agent for G	ROWTH99 CON	SULTING, LLC			_	
	Name of Lin	nited Liability Company				
L22000429122						
Document Nu	imber, if known					
A copy of this resignation	on was mailed to the	above listed limited liability	company at its last kn	iown addres	S.	
The agency is terminate	d and the office disco	ontinued on the 31st day afte	r the date on which th	is statement	is filed	l.
		MI				
		Signature of Resigning Agent	<del></del>			
If signing on behalf of a	n entity:					
	Jody Moua			\$50. 3.00 5.00 5.00 5.00 5.00 5.00 5.00 5	1 1 5 F W 3: 32	
		Typed or Printed Name		F -		T
	Asst. Secretary	for Paracorp Incorpora	ted	A.S	> _ - 7	
		Capacity		SVA AM	⊃ ! _ [	
					K g	
	PH INC	rere.		m#J	ب	
	FILING \$ 85.00 \$ 25.00	Active limited liability of Administratively dissolve withdrawn limited liabil	ed/ voluntarily dissol <sup>,</sup>	1	3	

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