## MD3000001245

(1	Requestor's Name)
	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(1	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	I

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## TRANSMITTAL LETTER

**BROKERCOMP LLC** SUBJECT: (Name of Limited Liability Company) DOCUMENT NUMBER: Y The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Monica Maser (Name of Person) Paracorp Incorporated (Name of Firm/Company) 640 Bercut Dr #A (Address) Sacramento, Ca 95814 (City/State and Zip Code) For further information concerning this matter, please call: Monica Maser (Area Code & Daytime Telephone Number) (Name of Person)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

TO:

Amendment Section

Division of Corporations

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 608.416(	2) or 608.509, Florida Statu	tes, the undersigned,			
Paracorp incorpora	ted		, hereby resigns as			
(Name of Registered Agent)						
Registered Agent for B	ROKERCOMP L	LC				
					,	
	(Name of Lim	ited Liability Company)				
MD300 (Document Numb	OOOIS	245				
A copy of this resignation	n was mailed to the a	bove listed limited liability of	company at its last kno	own add	ress.	
The agency is terminated		ntinued on the 31st day after	the date on which thi	s statem	ent is :	filed.
If signing on behalf of ar	n entity:					
	Denise Zollner			<del>=</del> :'/	0	
	-	Typed or Printed Name) tary of Paracorp Incorp	oorated	ALL AH	AON 5	77
		(Capacity)		AHASSEE, FLORIDA	04 NOV 22 PH 4: 50	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability condition Administratively dissolve withdrawn limited liability	ompany ed/voluntarily dissolv ity company	red/	50	

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