MOS DOWNYP7

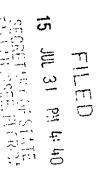
(Requ	estor's Name)			
(Addre	ess)			
(Addr	ess)			
(City/s	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busir	ness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800275431908

07/31/15--01032--007 **25.00



AUG 03 2015 S. YOUNG

COVER LETTER

SUBJECT: SHENANDOAH II, LLC	
Name of Limited Liab	lity Company
DOCUMENT NUMBER: M05000004487	
The enclosed Resignation of Registered Agent for a Limfor filing.	ited Liability Company and fee are submitted
Please return all correspondence concerning this matter	o the following:
SHARON COOKE	
Name of Person	_
PARACORP INCORPORATED	
Name of Firm/Company	_
PO BOX 160568	
Address	- 35
SACRAMENTO, CA 95816	
City/State and Zip Code	ー ※ 3 □
E-mail address: (to be used for future annual report notification	PROPERTY CONTRACTOR OF A CONTR
For further information concerning this matter, please ca	II:
SHARON COOKE 888	272-3725

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

Registration Section Division of Corporations

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

Area Code Daytime Telephone Number

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the unc	dersigned,			
PARACORP INCORPORATED		_, hereby resigns as				
	Name of Registered Ager		_,			
Registered Agent for S	HENANDOAH II,	LLC				
		ited Liability Company		 	,	
	Tune of Bill	med Balenny Company				
M05000004487						
Document N	umber, if known					
A copy of this resignati	on was mailed to the a	above listed limited liabilit	ty company at its last kn	own add	ress.	
The agency is terminate	ed and the office disco	ntinued on the 31st day af	ter the date on which th	is statem	ent is	filed
	le-	. 1. 1.				
		Signature of Resigning Agen	t			
If signing on behalf of a				72	.csi	
	SHARON COOK	KE		二百		77
		yped or Printed Name		002." 02.1.	ω_	
ASST SECRETARY						
		Capacity		围绕	PH H	
					14:4	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company lved/ voluntarily dissolv ility company	ved/		

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