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| (Re | equestor's Name) | <u>, </u> | |
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| (Ad | ldress) | | |
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| (Ad | ldress) | | |
| | ty/State/Zip/Phon | o #N | |
| (Cil | ty/Otate/Zip/Filoti | C #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| | | | |
| (Bu | siness Entity Nar | me) | |
| | | | |
| (Do | ocument Number) | • | |
| Certified Copies | Certificate | s of Status | |
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| Special Instructions to Filing Officer: | | | |
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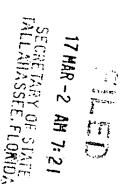
Office Use Only



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COVER LETTER

| Division o | on Section f Corporations | | |
|--|---|---|---|
| SUBJECT: | Paragon Mane (Name of Fo | sement Gro oreign Limited Liability | υρ <u>LLC</u> Company) |
| Dear Sir or Madam | ; | | |
| The enclosed withd | rawal and fee(s) are submitte | ed for filing. | |
| Please return all con | respondence concerning thi | s matter to the following | : |
| Marle | Name of Person) | | |
| Parage | (Firm/Company) | + Group LLC | |
| 276 Pc | est Road West (Address) | - Suite 201 | |
| Westpo | (City/State and Zip Coo | 380 | |
| For further informat | ion concerning this matter, p | olease call: | |
| Marken (A | e Paolini ame of Person) | at (203 (Area Code & |) 231-7077 X 123 Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check | for the following amount: | | |
| □ \$25 Filing Fee | □ \$30 Filing Fee & Certificate of Status | \$55 Filing Fee & Certified Copy | □ \$60 Filing Fee, Certificate of Status & Certified Copy |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Paragon Management Group LI (Name of limited liability company) | <u> </u> |
|---|-------------|
| (Jurisdiction of its organization) | , |
| בססכ רו ארכי (Date registered with Florida Department of State) | |
| M 05 000 00 4575 (Florida Document Number) | |
| This limited liability company is withdrawing its certificate of authority in this state. | |
| (Signature of authorized representative) | T MAR |
| Authorized Representative (Typed or printed name of signee) | RY OF B |
| | 7:21 |

Filing Fee: \$25.00