MILLOCOCATOL

(Requestor's Name)		
(Address)		
(Address)		
, ,		
(City/State/Zip/Phone #)		
(enyrelate/zipin neite ny		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
.		
·		

Office Use Only



700240540777

10/08/12--01011--003 **25.00

IZ UCI -8 PHIZ: ZU

AFFILED .

D. BRUCE
OCT 9 2012
EXAMINER

COVER LETTER

SUBJECT: NATIONAL TAX SEARCH L.L.C.	
Name of Limited Liability Company	
DOCUMENT NUMBER: M11000002701	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing.	submitted
Piease return all correspondence concerning this matter to the following:	
JODY MOUA	
Name of Person	
PARACORP INCORPORATED	
Name of Firm/Company	
PO BOX 160568	
Address	⇒ 0 →
SACRAMENTO, CA 95816	IZ OCT
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	48.4 A.S.Y.
jmoua@myparacorp.com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	- S - 5
For further information concerning this matter, please call:	PM I2: 20 OF STATE E. Florio
Jody Moua at (800) 533-7272 Name of Person Area Code & Daytime Telephone Number	•

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Amendment Section Division of Corporations

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

STREET ADDRESS:

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions o	f section 608.416(2) or 608.509, Florida Statutes, the undersigned,	
	ORP INCORPORATED , hereby resigns as	
Na	ne of Registered Agent	
Registered Agent for	NATIONAL TAX SEARCH L.L.C.	·
	Name of Limited Liability Company	,
M1100000		
Document Number	r, if known	
A copy of this resignation w	as mailed to the above listed limited liability company at its last know	wn address.
The agency is terminated an	d the office discontinued on the 31st day after the date on which this	statement is filed.
	Will M. Signature of Resigning Agent	
If signing on behalf of an er		AI 12 OCT SECREIA
	Ninh Ho	FII FII IARN ASSI
	Typed or Printed Name	
	Assistant Secretary, Paracorp Incorporated Capacity	PH 12: 21 OF STATE E. FLORIG
		20 ATE RID

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