

M/1000003977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

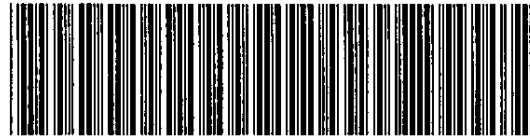
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EXAMINER

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CLERK OF STATE
TALLAHASSEE, FLORIDA

DEC 17 PM 4:06

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12/17/12--01030--011 **25.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: POM ESCROW SERVICES L.L.C.

Name of Limited Liability Company

DOCUMENT NUMBER: M11000003977

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:

JODY MOUA

Name of Person

PARACORP INCORPORATED

Name of Firm/Company

PO BOX 160568

Address

SACRAMENTO, CA 95816

City/State and Zip Code

paracorpsac@myparacorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jody Moua

Name of Person

at (800)

533-7272

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

FILED
2012 DEC 17 PM 4:06
TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

PARACORP INCORPORATED

Name of Registered Agent

, hereby resigns as

Registered Agent for POM ESCROW SERVICES L.L.C.

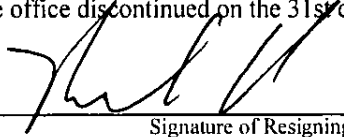
Name of Limited Liability Company

M11000003977

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Ninh Ho

Typed or Printed Name

Assistant Secretary, Paracorp Incorporated

Capacity

FILED
2012 DEC 17 PM 4:06
CLERK OF STATE
TALLAHASSEE, FLORIDA

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