# N14000006230

**(**:

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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Office Use Only



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### **COVER LETTER**

SUBJECT: ADVANCED LENDING SOLUTION  Name of Limited	Lightlin Company
DOCUMENT NUMBER: M14000006230	Liability Company
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	atter to the following:
Emily Smith	
Name of Person	<del></del>
Paracorp incorporated	
Name of Firm/Company	
PO Box 160568	
Address	
Sacramento, CA 95816	
City/State and Zip Code	<del></del>
E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, plea	se call:
Sharon Cooke	oo 533-7272 rea Code Daytime Telephone Number
Name of Person Ar	rea Code Daytime Telephone Number

#### MAILING ADDRESS:

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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011:	5, Florida Statutes, the undersigned,			
Paracorp Incorporat	ted	, hereby resigns as			
	Name of Registered Ager	nt			
Registered Agent for Al	DVANCED LEND	ING SOLUTIONS COMPANY LLC			
· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	•	,	
M14000006230					
Document Nu	mber, if known	<del></del>			
A copy of this resignatio	n was mailed to the a	bove listed limited liability company at its last known	ı addre	ss.	
The agency is terminated	d and the office disco	ntinued on the 31st day after the date on which this st	atemer	nt is fil	ed
The agency is terminated	and the office disco	infinited on the 51st day after the date on which this sa		ii 15 111	
	Shan	Signature of Resigning Agent			
		Signature of Resigning Agent			
If signing on behalf of ar	n entity:				
	Sharon Cooke				
	Typed or Printed Name		#G:		
	Assistant Secretary, Paracorp Incorporated		77. 53	17	
		Capacity		JAN 17	1
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			, ,,		i-des
	<b>FILING</b>	FEES:			
	\$ 85.00 \$ 25.00	Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company		AH 10: 58	ونبيكا
	¥ = 2 <b></b> 2	withdrawn limited liability company		<b>S</b>	

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