M1500003627

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TO: Registration Section Division of Corporations

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SUBJECT: ______

Name of Limited Liability Company

DOCUMENT NUMBER: M15000003627

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:

RACHEL SCHOTT

Name of Person

PARACORP INCORPORATED

Name of Firm/Company

2804 Gateway Oaks Dr #100

Address

Sacramento, CA 95833

City/State and Zip Code

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

For further information concerning this matter, please call:

RACHEL SCHOTT	.800	533-7272
	_ at ()
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

PARACORP INCORPORATED

_____, hereby resigns as

Name of Registered Agent

Registered Agent for _____

Name of Limited Liability Company

M1500003627

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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	· · · · · · · · · · · · · · · · · · ·	ر۔ در در
If signing on behalf of an entity:		•	<u>;</u> ; ;
	Abigale Peterson		
	Typed or Printed Name		
	Asst. Secretary for Paracorp Incorporated		မ္
	Capacity		မ

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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