

mis000006070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

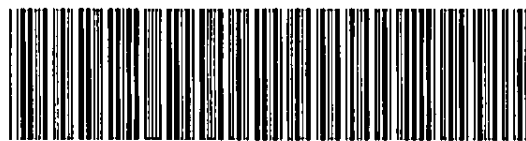
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/07/17--01008--013 **25.00

11/21/17--01015--011 **60.00

FILED
17 NOV -6 AM 10:50
TALLAHASSEE, FLORIDA

S. WARREN

NOV 20 2017

11:09 AM 9-NOV-17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2017

KATELYN BEAN
PARACORP INCORPORATED
P.O. BOX 160568
SACRAMENTO, CA 95816

SUBJECT: DISABILITY HELP GROUP LLC
Ref. Number: M15000006070

We have received your document for DISABILITY HELP GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 617A00022470

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DISABILITY HELP GROUP LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M15000006070

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:

KATELYN BEAN

Name of Person

PARACORP INCORPORATED

Name of Firm/Company

PO BOX 160568

Address

SACRAMENTO, CA 95816

City/State and Zip Code

PARACORP@MYPARACORP.COM

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

For further information concerning this matter, please call:

KATELYN BEAN

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 provisions of section 605.0115, Florida Statutes, the undersigned,

PARACORP INCORPORATED

Name of Registered Agent

, hereby resigns as

Registered Agent for **DISABILITY HELP GROUP LLC**

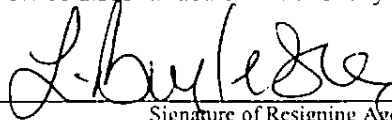
Name of Limited Liability Company

M15000006070

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:

LETICIA BURLESON

Typed or Printed Name

ASST SECRETARY

Capacity

FILED
NOV-17 4 10:50 AM
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