M15000008654

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL MAIL			
(Business Entity Name)					
(Document Number)					
(00	cament Namber)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

Registration Section . Division of Corporations

TO:

SUBJECT:			
Name of Limit	ted Liability	Company	
DOCUMENT NUMBER: M15000008654			
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning this	matter to th	e following:	
SAIDA GALAN			
Name of Person			
PARACORP INCORPORATED			
Name of Firm/Company			
2804 Gateway Oaks Dr #100			
Address			
Sacramento, CA 95833			
City/State and Zip Code			
SGALAN@MYPARACORP.COM			
E-mail address: (to be used for future annual report n	otification)		
For further information concerning this matter, p	lease call:		
SAIDA GALAN	800	533-7272 Daytime Telephone Number	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department ly dissolved	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	=	T ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011	5, Florida Statutes, the unde	rsigned,	
PARACORP INCORPORATED		_ , hereby resigns as		
	Name of Registered Age	ent	,	
Registered Agent for _	G TIC INVESTO	RS, LLC		
· · · · · ·				
	Name of Lin	nited Liability Company		
M15000008654				
Document N	umber, if known			
A copy of this resignati	on was mailed to the	above listed limited liability	company at its last kr	nown address.
The agency is terminate	ed and the office disco	ontinued on the 31st day afte	r the date on which th	nis statement is filed.
		00		
		Signature of Resigning Agent		
If signing on behalf of a	in entity:			
ABIGALE PETERSON		ERSON		
		Typed or Printed Name		
Asst. Secretary for Paracorp Incorporate		ted		
		Capacity		
				ု တွ
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability ed Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily dissol ity company	9. 2. ved/

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