M15000009900

(Reque	estor's Name)		
(Addre	ss)		
(Addre	ss)		
(City/S	tate/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT:			
		Limited Liability	y Company	
DOCU	JMENT NUMBER: M15000009900) 		
The enfor fili	iclosed Resignation of Registered Age ng.	ent for a Limite	d Liability Company and fee are su	ıbmitted
Please	return all correspondence concerning	this matter to t	he following:	
Emily	Smith			
	Name of Person		_	
Parac	corp Incorporated			
	Name of Firm/Company		_	
PO B	ox 160568			
	Address			
Sacra	imento, CA 95816			
	City/State and Zip Code		-	
	mail address: (to be used for future annual rep		_	
	Smith	888	280.6563	
	Name of Person	_ at (Area Code	Daytime Telephone Number	
Enclos liabilit liabilit	sed is a check made payable to the Flor y company or \$25.00 for an administra y company.	rida Departmer atively dissolve	nt of State for \$85.00 for an active ed, voluntarily dissolved or withdra	limited awn limited
MAIL	ING ADDRESS:	STRE	ET ADDRESS:	
_	ration Section	Registration Section		
	on of Corporations ox 6327	Division of Corporations Clifton Building		
1 1 0 0	UA UJ41	CIIIOL	r Dunanig	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the prov	isions of section 605.0115, Florida Statutes, the unc	lersigned,
Paracorp Incorp	orated	, hereby resigns as
	Name of Registered Agent	
Registered Agent for	URBANO USA LLC	
	Name of Limited Liability Company	,
M15000009900		
Documer	t Number, if known	
	nation was mailed to the above listed limited liability and the office discontinued on the 31st day affine signature of Resigning Agent	
If signing on behalf	of an entity:	
	Sharon Cooke, Paracorp Incorporated	
	Typed or Printed Name	AREASSELF.
	Assistant Secretary Capacity	
	FILING FEES: \$ 85.00 Active limited liability	9-07 STATE LORIDA

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

\$ 25.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company