M1600000 7052

(Requestor's Name)			
(Address)			
(Address)			
(City/State/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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All Joseph

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TO: Registration Section Division of Corporations		•	
SUBJECT: MARKETCOUNSEL, LLC			
Name of L	imited Liability	Company	
DOCUMENT NUMBER: M16000007052			
The enclosed Resignation of Registered Agen for filing.	t for a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning the	nis matter to th	e following:	
Emily Smith			
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 repo	ort notification)		
For further information concerning this matter	r, please call:		
Emily Smith	888	533.7272 Daytime Telephone Number	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Flori liability company or \$25.00 for an administrat liability company.	da Department ively dissolved	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREE	T ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi-	ons of section 605.0115. Florida Statutes, the und	lersigned.	
PARACORP INCO	DRPORATED	_ , hereby resigns as	
	Name of Registered Agent		
Registered Agent for \underline{f}	MARKETCOUNSEL, LLC		
	Name of Limited Liability Company		·
M16000007052			
Document 8	Sumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liability	y company at its last known	address.
The agency is terminat	ed and the office discontinued on the 31st day aft A Lewis Signature of Resigning Agent		19 DEC 16
If signing on behalf of	an entity:		
	Leticia Herrera		AH 9: 57
	Typed or Printed Name Assistant Secretary for Paracorp Incomp	rporated	11 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Capacity		
	FILING FEES: \$ 85.00 Active limited liability of S 25.00 Administratively dissolved.	company ved/ voluntarily dissolved/	

Make checks payable to Florida Department of State and mail to: **Division of Corporations**

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withdrawn limited liability company

P.O. Box 6327 Tallahassee, FL 32314