# M16000007098

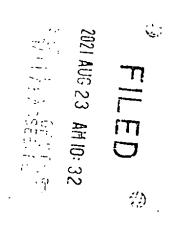
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Certified Copies	Certificates o	of Status
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#### **COVER LETTER**

	of Limited Liability	Company
DOCUMENT NUMBER: M16000007	098 ————————————————————————————————————	<del></del>
The enclosed Resignation of Registered Afor filing.	Agent for a Limited	Liability Company and fee are submitted
Please return all correspondence concerni	ing this 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	<del></del>	
E-mail address: (to be used for future annua	l report notification)	
For further information concerning this n	natter, please call:	
Emily Smith	31 (	533-7272 ) Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number

#### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 o	f section 605.0115, Florida	Statutes, the und	ersigned.		
PARACORP INCORP	ORATED		_ , hereby resigns as		
	ne of Registered Agent		- , -		
Registered Agent for ESSI	ENTIAL REAL ESTAT	E GROUP, LL	.C	<del></del>	-
	Name of Limited Liabilit	ly Company			.·
M16000007098					
Document Number	; if known				
A copy of this resignation w	as mailed to the above liste	d limited liability	v company at its last	known address.	
	Shernaure	of Resigning Agent		2021 AUG	759°
If signing on behalf of an en	tity:			AU i.i.	
Jo	dy Moua			5 23 5 23	
<del></del>	Typed or Prin	ited Name	<del></del>	_ :	m
As	sst. Secretary for Para	corp Incorpora	ated		Ö
	Capacity			AM IO: 32 GF STATE SEELFL	<i>#</i> )
	FILING FEES: \$ 85.00 Active S \$ 25.00 Admini	limited liability of stratively dissolved	company ved/ voluntarily diss	solved/	

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

withdrawn limited liability company