M1600000 7385

| (Requestor's Name) | | |
|---|--------------------|-----------------|
| (Ac | idress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | = #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



100336715601

11/18/19--01005--019 **25.00

PILED
2019 NOV 18 PM 3: 27
SECRETARY OF STATE.

Y CUULTO

COVER LETTER

Registration Section Division of Corporations SUBJECT: VIRAL TIME LLC Name of Limited Liability Company DOCUMENT NUMBER: M16000007385 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: Emily Smith Name of Person Paracorp Incorporated Name of Firm/Company PO Box 160568 Address Sacramento, CA 95816 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Emily Smith Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Tallahassee, FL 32314

MAILING ADDRESS:

Division of Corporations

Registration Section

P.O. Box 6327

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

STREET ADDRESS:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | ons of section 605,0115. Florida Statutes, the unders | igned, |
|--|--|--|
| Paracorp Incorporated | | hereby resigns as |
| | Name of Registered Agent | |
| Registered Agent for $\frac{\lambda}{2}$ | /IRAL TIME LLC | |
| | Name of Limited Liability Company | |
| M16000007385 | | |
| Document N | umber, if known | |
| | ion was mailed to the above listed limited liability coeffice discontinued on the 31st day after t | |
| | Sighator of Resigning Agent | he date on which the ten part is filed. AHASSET |
| If signing on behalf of. | an entity: | English Park |
| | Jody Moua | 3: 27 SJATE LORID |
| | Typed or Printed Name | 9 J |
| | Assistant Secretary for Paracorp Incorpo | prated |
| | Capacity | |

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, F1, 32314