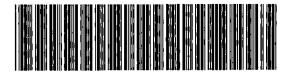
M 1600001658

| (Re | equestor's Name) | | | | |
|---|--------------------|-------------|--|--|--|
| (Address) | | | | | |
| (Ac | ddress) | ` | | | |
| (Ci | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bi | usiness Entity Nar | me) | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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S Warren APR 10 2017

COVER LETTER

| TO: Registration Section Division of Corporations | u. | | TNL . |
|---|--|--------------------------|--|
| et, and | | | |
| SUBJECT: LTX ADVISORS, LLC | | | |
| Name of Limite | d Liability C | Company | |
| DOCUMENT NUMBER: M16000007658 | | | |
| The enclosed Resignation of Registered Agent for for filing. | a Limited I | Liability Co | mpany and fee are submitted |
| Please return all correspondence concerning this m | natter 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 not | tification) | | |
| For further information concerning this matter, ple | ease call: | | |
| Emily Smith | 388 | 280.6563 | |
| | Area Code | Daytime Tel | ephone Number |
| Enclosed is a check made payable to the Florida D liability company or \$25.00 for an administratively liability company. | epartment o y dissolved, | of State for soluntarily | \$85.00 for an active limited dissolved or withdrawn limited |
| MAILING ADDRESS: | STREET | Γ ADDRES | S: |

Registration Section Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

. STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | ns of section 605.011 | 5, Florida Statutes, the unde | ersigned, | | |
|----------------------------|---------------------------------------|--|--------------------------------|------------------------|--|
| Paracorp Incorporated | | | , hereby resigns as | | |
| | Name of Registered Age | | ., , , | | |
| Registered Agent for L7 | ΓX ADVISORS, L | LC | | | |
| | Name of Lim | nited Liability Company | | , | |
| M16000007658 | | | | | |
| Document Nu | mber, if known | | | | |
| A copy of this resignation | on was mailed to the a | above listed limited liability | company at its last kn | own address. | |
| The agency is terminated | d and the office disco | ontinued on the 31st day afte | er the date on which thi | is statement is filed. | |
| | | Signature of Resigning Agent | | | |
| If signing on behalf of ar | n entity: | | | | |
| | Sharon Cooke, | Paracorp Incorporated | | 2 | |
| | T | 'yped or Printed Name | | | |
| Assistant Secretary | | | 1 | | |
| | | Capacity | 第2 20 | _ m | |
| | | | TS. | ٥ ٩ | |
| | EILING | prec. | ORIG | - | |
| | FILING \$ 85.00 \$ 25.00 | Active limited liability c Administratively dissolv withdrawn limited liabil | ompany ed/ voluntarily dissolv | ved/ | |

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