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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corpo	on rations		
SUBJECT:	ABS SOFTWARE S	SOLUTIONS	LLC
	Name of Lin	nited Liability	Company
DOCUMENT NUMBER	₹: <u>M16000007797</u>		
The enclosed Resignation for filing.	of Registered Agent	for a Limited	Liability Company and fee are submitted
Please return all correspon	ndence concerning thi	is matter to th	e following:
MAE BARBA			
Nai	me of Person		
PARACORP INCORPO	ORATED		
Name o	of Firm/Company		
2804 Gateway Oaks D	r #100		
	Address		
Sacramento, CA 95833	3		
City/St	ate and Zip Code		
mbarba@myparacorp.	com		
E-mail address: (to be us	ed for future annual report	t notification)	
For further information co	oncerning this matter,	please call:	
MAE BARBA	a	800	533-7272 Daytime Telephone Number
Name of P	erson a	Area Code	Daytime Telephone Number
Enclosed is a check made liability company or \$25.0 liability company.	payable to the Florid 30 for an administrati	a Department vely dissolved	of State for \$85.00 for an active limited I. voluntarily dissolved or withdrawn limite

MAILING ADDRESS:

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 provision	ons of section 605.0115, Florida Statutes, the und	ersigned,
PARACORP INCO	RPORATED	, hereby resigns as
-	Name of Registered Agent	- •
Registered Agent for _	HERBERT-ABS SOFTWARE SOLUTION	NS, LLC
	Name of Limited Liability Company	
M16000007797		
Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liability	company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day aft	er the date on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of a	an entity:	
	Jody Moua	
	Typed or Printed Name	
	Asst. Secretary for Paracorp Incorpora	ated
	Canacity	

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\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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, FL 32314