116000008279

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #) :
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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11/07/17--01008--008 **25.00

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 7, 2017

SFRPRO, LLC PO BOX 160568 SACRAMENTO, CA 95816

SUBJECT: SFRPRO, LLC | Ref. Number: M16000008279

We have received your document for SFRPRO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To resign as registered agent for an active limited liability company, the enclosed resignation form should be completed and returned with a filing fee of \$85.00.

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 017A00022523

COVER LETTER

TO: Registration Section Division of Corporations	1		
SUBJECT: SFRPRO, LLC	 Name of Limited Liability	Company	
DOCUMENT NUMBER: M160	00008279		
The enclosed Resignation of Regi for filing.	 stered Agent for a Limited 	Liability Company and fee are submitted	
Please return all correspondence c	oncerning this matter to th	e following:	
KATELYN BEAN	1		
Name of Per	Son		
PARACORP INCORPORATE). 		
Name of Firm/C	ompany		
PO BOX 160568			
Address			
SACRAMENTO, CA 95816			
City/State and Z	ip Code		
PARACORP@MYPARACORF	. <mark>.</mark> СОМ		
E-mail address: (to be used for futu	re annual report notification)		
For further information concerning	g this matter, please call:		
KATELYN BEAN	800 at (533-7272	
Name of Person	Area Code	Daytime Tc ephone Number	
Enclosed is a check made payable liability company or \$25.00 for an liability company.	to the Florida Department administratively dissolved	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREE	T ADDRESS:	
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314		cecutive Center Circle	
	Tallaha Tallaha	ssee, FL 32301	

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the un	ndersigned,
PARACORP INCORPORATED	haraku majawa na
Name of Registered Agent	, hereby resigns as
Registered Agent for SFRPRO, LLC	
Name of Limited Liability Company	,
M16000008279	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liabil	ity company at its last known address.
The agency is terminated and the office discontinued on the 31st day a), <u>.</u>
If signing on behalf of an entity:	
LETICIA BURLESON	<u>'</u>
Typed or Printed Name	
ASST SECRETARY	•
Capacity	
FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively disso withdrawn limited liab	company lved/ voluntarily dissolved/ pility company

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 6	l 05.0115, Florida Statutes, the unde	ersigned,
PARACORP INCO	PORATE		harahu zari—a aa
	Name of Registe		, hereby resigns as
Registered Agent for S	SFRPRO, LĻ	Ċ	
	Nam	e of Limited Liability Company	
M16000008279		1	
Document N	umber, if known	<u></u>	
A copy of this resignati	ion 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 after Signature of Resigning Agen:	r the date on which this statement is filed
If signing on behalf of a	an entity:		<u>_</u>
	LETICIA B	ŲRLESON	
	1	Typed or Printed Name	
	ASST SEC	1	
		Capacity	
	\$ 8	LING FEES: 5:00 Active limited liability or 5:00 Administratively dissolve withdrawn limited liabili	d/voluntarily dissolved/

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

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314