





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

**SUBJECT:** SFRPRO, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** M16000008279

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:

**KATELYN BEAN**

Name of Person

**PARACORP INCORPORATED**

Name of Firm/Company

**PO BOX 160568**

Address

**SACRAMENTO, CA 95816**

City/State and Zip Code

**PARACORP@MYPARACORP.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**KATELYN BEAN**

Name of Person

at (800) 533-7272

Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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 provisions of section 605.0115, Florida Statutes, the undersigned,

**PARACORP INCORPORATED**

, hereby resigns as

Name of Registered Agent

Registered Agent for **SFRPRO, LLC**

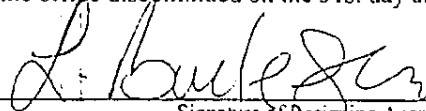
Name of Limited Liability Company

**M16000008279**

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

**LETICIA BURLESON**

Typed or Printed Name

**ASST SECRETARY**

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

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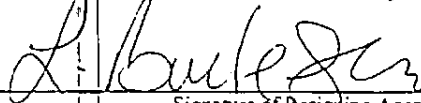
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