

M170000000348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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11/06/17--01022--004 **25.00

12/07/17--01010--012 **60.00

2017 DEC -4 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
DEC -7 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3 D INVESTMENT LLC DBA 3 D INVESTMENT I LLC

Name of Limited Liability Company

DOCUMENT NUMBER: ~~L14000117879~~ M17000000348

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Registered Agent

Registered Agent for **3 D INVESTMENT LLC DBA 3 D INVESTMENT I LLC**

Name of Limited Liability Company

~~L14000117879~~ **M170000000348**

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 Buleon

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

P.O. Box 6327

Tallahassee, FL 32314

FILED
2017 DEC -4 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2017

PARACORP INCORPORATED
KATELYN BEAN
P.O. BOX 160568
SACRAMENTO, CA 95816

SUBJECT: 3D INVESTMENT I LLC
Ref. Number: M17000000348

We have received your document for 3D INVESTMENT I LLC and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 417A00022545

2017 DEC -4 AM 11:43

TALLAHASSEE, FLORIDA