M17000007858

(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: LAZARUS SERVICES, LLC			
Name of Limi	ted Liability	Company	
DOCUMENT NUMBER: M17000007858			
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning this	matter to th	e following:	
ANTOINETTE GRANADOS			
Name of Person			
PARACORP INCORPORATED			
Name of Firm/Company			
2804 GATEWAY OAKS DR #100			
Address			
SACRAMENTO, CA 95833			
City/State and Zip Code			
E-mail address: (to be used for future annual report n For further information concerning this matter, p			
ANTOINETTE GRANADOS	800	533-7272	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department ly dissolved	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREE	T ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115. Florida Statutes, t	he undersigned.	
PARACORP INCOI	RPORATED	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for LA	AZARUS SERVICES, LLC		
	Name of Limited Liability Company		
M17000007858			
Document Nu	mber, if known		
A copy of this resignation	on was mailed to the above listed limited l	iability company at its last known address.	
The agency is terminated	d and the office discontinued on the 31st of	day after the date on which this statement is	filed.
If signing on behalf of a	Signature of Rysignia Mentity: JOSE GOMEZ Typed or Printed Name Asst. Secretary for Paracorp Incompany Capacity	SECRETARY SECRETARY TALLAHASS	F11 ED
			Ę,

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00