# M180000000454

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### **COVER LETTER**

SUBJECT:  Name of Limited Liability	Company
DOCUMENT NUMBER: M1800000454	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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 notification)	
For further information concerning this matter, please call:	
ANTOINETTE GRANADOS 800	533-7272 ) Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limite

## MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 unc	lersigned,
PARACORP INCO	RPORATED	. hereby resigns as
	Name of Registered Agent	
Registered Agent for _	RAGSDALE LIGGETT PLLC, LLC	
	Name of Limited Liability Company	<u>.                                    </u>
M18000000454		
Document N	fumber, if known	
	ion was mailed to the above listed limited liabilit ed and the office discontinued on the 31st day aff	ter the date on which this statement is filed.
If signing on behalf of	an entity:	
JODY MOUA		THE SECRET SECRE
	Typed or Printed Name	
	Asst. Secretary for Paracorp Incorpor	ated 汽页 呈 〇
	Capacity	3.5

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

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

P.O. Box 6327 Tallahassee, FL 32314