M15000001425

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
	SILAS		
* N = 1.4.4			

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2022 MAR 14 AM 10: 33
SECRETARY OF STATE
TALL AHASSEE

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: DOWE GALLAGHER AIRBORNE DATA G	ROUP LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: M18000001425	
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
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY 14 AM 10: 33

SECRETARY OF STATE TALLAHASSEE, FL

Pursuant to the provisions of section 605.0115. Florida Statutes, the undersigned.

PARACORP INCORPORATED

Name of Registered Agent
Registered Agent for

DOWE GALLAGHER AIRBORNE DATA GROUP LLC

Name of Limited Liability Company

M18000001425

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:

Jose Gomez

Typed or Printed Name

Asst. Secretary for Paracorp Incorporated

Capacity

<u>FILING FEES:</u>

\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntari

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