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COVER LETTER

SUBJECT: 5G PROPERTY SOLUTIONS, LLC Name of Limited	
	Liability Company
DOCUMENT NUMBER: M19000000804	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	itter to the following:
Rachel Schott	
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 notif	ication)
For further information concerning this matter, plea	se call:
Rachel Schott 80	00 533-7272 rea Code Daytime Telephone Number
Name of Person Ar	rea Code Daytime Telephone Number
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY - 12 11 - 21

PARACORP INC	DRPORATED , hereby resigns as
	Name of Registered Agent
Registered Agent for	5G PROPERTY SOLUTIONS, LLC
	Name of Limited Liability Company
M19000000804	
Document	Number, if known
	tion was mailed to the above listed limited liability company at its last known address.
	tion was mailed to the above listed limited liability company at its last known address, and the office discontinued on the 31st day after the date on which this statement is till
The agency is termina	ted and the office discontinued on the 31st day after the date on which this statement is till Signature of Resigning Agent
The agency is termina	ted and the office discontinued on the 31st day after the date on which this statement is till Signature of Resigning Agent
	an entity:
The agency is termina	an entity: Jose Gomez

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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