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## **COVER LETTER**

DOCUMENT NUMBER: M19000001037  The analogud Parignostics of Registered Apost for a Limited	
The angle and Devianation of Deviational Amout for a Limited	<del></del>
for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Vanessa Flanagan	
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:	
Vanessa Flanagan 800	533-7272
Name of Person Area Code	Daytime Telephone Number

## MAILING ADDRESS:

**TO:** Registration Section Division of Corporations

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 provis	sions of section 605.01	15, Florida Statutes, the unde	rsigned,	
PARACORP INC	, hereby resigns as			
	Name of Registered Ap		Thoropy realigns an	
Registered Agent for	GRAND LENDING	G GROUP LLC		
	Name of L	imited Liability Company		<del></del>
M19000001037				
Document	Number, if known			
A copy of this resigna	ation was mailed to the	e above listed limited liability	company at its last knowr	ı address.
The agency is termina	ated and the office disc	continued on the 31st day after	r the date on which this st	atement is filed.
	(	Signature of Resigning Agent		
If signing on behalf o	f an entity:			
	Abigate Peters	on		~2
		Typed or Printed Name		HAREI Van Boos
	Asst. Secretary	y for Paracorp Incorporat	ted	
		Capacity		7 - 9 7 - 9 7 - 9
				)
	FILING \$ 85.00 \$ 25.00		ompany ed/voluntarily dissolved/ tv company	= <del>:</del>

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