## M190000 10579

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2023 DEC 19 PM 3: 31

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: IAG FINANCIAL, LLC					
N	ame of Limited Liability	y Company			
DOCUMENT NUMBER: M190000	010579 				
The enclosed Resignation of Register for filing.	ed Agent for a Limite	d Liability Company and fee ar	e submitted		
Please return all correspondence conc	erning this matter to t	he following:			
CHRIS MAYS					
Name of Person		_			
PARACORP INCORPORATED					
Name of Firm/Comp	pany	_			
2804 Gateway Oaks Dr #100					
Address		-			
Sacramento, CA 95833					
City/State and Zip C	lode	_			
CMAYS@MYPARACORP.COM					
E-mail address: (to be used for future a	nnual report notification)	<b></b>			
For further information concerning th	is matter, please call:				
CHRIS MAYS	800	533-7272			
Name of Person	Area Code	Daytime Telephone Number	•		
Enclosed is a check made payable to liability company or \$25.00 for an ad liability company.	the Florida Departmen ministratively dissolve	nt of State for \$85.00 for an act ed. voluntarily dissolved or wit	ive limited hdrawn limited		
MAILING ADDRESS:		ET ADDRESS:			
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, FL 32314					
ranadasee, rabii		Tallahassee, FL 32301			

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.01	<ol><li>Florida Statutes, the under</li></ol>	signed.			
PARACORP INCORPORATEDhereby res			hereby resigns a	S		
	Name of Registered Age	ent				
Registered Agent for	IAG FINANCIAL, L	LC				-
<del></del> -		<u>-</u>				<u>.</u> ,
	Name of Lit	nited Liability Company				
M19000010579						
Document 3	Number, if known	_ <del></del>				
A copy of this resigna	tion was mailed to the	above listed limited liability of	company at its las	st known a	ddress.	
The agency is termina	ted and the office disc	ontinued on the 31st day after	the date on whic	h this state	ement i	s filed.
		20				
		Menature of Resigning Agent				
If signing on behalf of	an entity:			<u>( )</u>	207	
	Jody Moua				2023 DEC 19	<del>-</del> 4-3
		Typed or Printed Name	<del></del>		EC	77
	Asst. Secretary	for Paracorp Incorporat	ed	골	9	LII.
		Capacity		SSE	P	
				E ST	 မ	O
					မ	
	<u>FILING</u> \$ 85.00	FEES: Active limited liability co	mnany	111		
	\$ 25.00	Administratively dissolve withdrawn limited liabilit	d/ vofuntarily dis	ssolved/		

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