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## **COVER LETTER**

SUBJECT: HLP MORTGAGE LLC  Name of Limited Liab	ility Company
DOCUMENT NUMBER: M2000000591	
The enclosed Resignation of Registered Agent for a Limfor filing.	ited Liability Company and fee are submitted
Please return all correspondence concerning this matter t	o the following:
Vanessa Flanagan	
Name of Person	<del></del>
PARACORP INCORPORATED	
Name of Firm/Company	<del>_</del>
2804 Gateway Oaks Dr #100	
Address	<del></del>
Sacramento, CA 95833	
City/State and Zip Code	<del></del>
E-mail address: (to be used for future annual report notificatio	<u>n)</u>
For further information concerning this matter, please ca	II:
Vanessa Flanagan 800	533-7272 ode Daytime Telephone Number
Name of Person Area Co	ode Daytime Telephone Number
Enclosed is a check made payable to the Florida Departr liability company or \$25.00 for an administratively disso liability company.	nent of State for \$85.00 for an active limited slived, voluntarily dissolved or withdrawn limit

**STREET ADDRESS:** Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Registration Section
Division of Corporations

Tallahassee, FL 32314

**TO:** Registration Section Division of Corporations

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

Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the unders	signed.		
PARACORP INCORPORATED, hereby resigns as					
	Name of Registered Age	nt	thereby realigne as		
Registered Agent for H	LP MORTGAGE	LLC			
	Name of Lin	nited Liability Company			
M20000000591					
Document Nu	mber, if known				
., -	d and the office disco	ontinued on the 31st day after Signature of Resigning Agent			i filed.
it signing on benan or a	Abigale Peterso	n			
		'yped or Printed Name for Paracorp Incorporate Capacity	 ed 	2023 MAY -9	SECRETARY
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liability	npany d/ voluntarily dissolved/ y company	PH 1: 13	OF STATE

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