## M21000003076

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
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Office Use Only



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## COVER LETTER

| то:                | Registration Section<br>Division of Corporations  |                                  |   |                               |
|--------------------|---|----------------------------------|---|-------------------------------|
| SUBJI              | CT: TAGGLE SYSTEMS, LLC   | 1000                             |   |                               |
|                    | Name  | of Limited Lial                  | bility Company  |                               |
| DOCU               | MENT NUMBER: M210000030   | )76                              |   |                               |
| The en<br>for fili |   | egent for a Lin                  | mited Liability Company and fee ar  | e submitted                   |
| Please             | return all correspondence concerni  | ng this matter                   | to the following:   |                               |
| RACH               | HEL SCHOTT  |                                  |   |                               |
|                    | Name of Person  |                                  |   |                               |
| PARA               | CORP INCORPORATED   |                                  |   |                               |
|                    | Name of Firm/Company  |                                  | <del></del>   |                               |
| 2804               | Gateway Oaks Dr #100  |                                  |   |                               |
|                    | Address   | <del></del> -                    | <del></del>   |                               |
| Sacra              | mento, CA 95833   |                                  |   |                               |
|                    | City/State and Zip Code   |                                  |   |                               |
|                    |   |                                  |   |                               |
| E-                 | mail address: (to be used for future annual   | report notification              | on)   |                               |
| For fur            | ther information concerning this m  | atter, please c                  | eall:   |                               |
| RACH               | IEL SCHOTT  | 800<br>at (                      | 533-7272  |                               |
|                    | Name of Person  | Area C                           | Code Daytime Telephone Number   |                               |
| Hiability          | ed is a check made payable to the I<br>y company or \$25.00 for an admini<br>y company. | lorida Depart<br>stratively diss | tment of State for \$85,00 for an act<br>solved, voluntarily dissolved or wit | ive limited<br>hdrawn limited |
| MAIL               | ING ADDRESS:  | ST                               | REET ADDRESS:   |                               |

Registration Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Registration Section Division of Corporations

Tallahassee, FL 32314

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

| Pursuant to the provis | tions of section 605.0115, Florida Statutes, the | e undersigned.                        |             |            |
|------------------------|--|---------------------------------------|-------------|------------|
| PARACORP INC           | hereby resigns as                                |                                       |             |            |
|                        | Name of Registered Agent                         |                                       |             |            |
| Registered Agent for   | TAGGLE SYSTEMS, LLC                              |                                       |             | -          |
|                        | Name of Limited Liability Company                |                                       |             | <b>-</b> ' |
| M21000003076           |  |                                       |             |            |
| Document               | Number, if known                                 |                                       |             |            |
| A copy of this resigna | ation was mailed to the above listed limited lid | ability company at its last known ac  | ddress.     |            |
| The agency is termina  | ated and the office discontinued on the 31st da  | ay after the date on which this state | ment i      | s filed    |
|                        | Signature of Resigning                           | Agent                                 | 20          |            |
| If signing on behalf o | f an entity:                                     | ALLAHASSE                             | 2023 SEP 13 | TI         |
|                        | ABIGALE PETERSON                                 | ASS                                   | 7           | F          |
|                        | Typed or Printed Name                            |                                       |             | M          |
|                        | Asst. Secretary for Paracorp Incorp              | rporated FC                           | <u> </u>    |            |
|                        | Capacity   | ORIDI                                 | AM 8: 39    |            |

## 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