M21000006373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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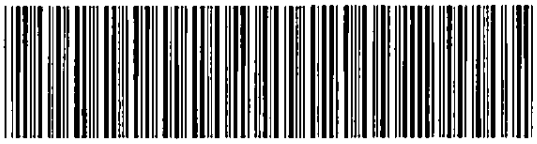

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIME RATE FLORIDA, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M21000006373

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESSICA CONNRAD
Name of Person

PARACORP INCORPORATED
Name of Firm/Company

2804 Gateway Oaks Dr #100
Address

Sacramento, CA 95833
City/State and Zip Code

jconnrad@myparacorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA CONNRAD at (800) 533-7272
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for $85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
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 provisions of section 605.0115, Florida Statutes, the undersigned.

PARACORP INCORPORATED , hereby resigns as

Name of Registered Agent

Registered Agent for PRIME RATE FLORIDA, LLC

Name of Limited Liability Company

M21000006373

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

2024 DEC -3 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature of Resigning Agent

If signing on behalf of an entity:

ABIGALE PETERSON

Typed or Printed Name

Asst. Secretary for Paracorp Incorporated

Capacity

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

INHS17 (2/14)