M21000009323

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TO: Registration Section Division of Corporations

SUBJECT:	
Name of Limited Liability	y Company
DOCUMENT NUMBER: M21000009323	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
Roselynne Vang	
Name of Person	-
PARACORP INCORPORATED	
Name of Firm/Company	_
PO Box 160568	
Address	-
Sacramento, CA 95816	
City/State and Zip Code	_
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Roselynne Vang 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

, hereby resigns as
···
ity company at its last known address.
ofter the date on which this statement is filed.

rated 8
/ company olved/ voluntarily dissolved/

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