# M2100009331

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2-3
(Document Number)
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### **COVER LETTER**

SUBJECT: POPULAR CULTURE CAPITAL II, Name of Limited	I Liability (	Company
DOCUMENT NUMBER: M21000009331		
The enclosed Resignation of Registered Agent for a for filing.	a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this m	atter to the	e following:
RACHEL SCHOTT		
Name of Person		
PARACORP INCORPORATED		
Name of Firm/Company		
2804 Gateway Oaks Dr #100		
Address		
Sacramento, CA 95833		
City/State and Zip Code		
E-mail address: (to be used for future annual report not	itication)	
For further information concerning this matter, ple	ase call:	
RACHEL SCHOTT 31.6	300	533-7272  Daytime Telephone Number
Name of Person A	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida D liability company or \$25.00 for an administratively liability company.	epartment y dissolved	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limite

### MAILING ADDRESS:

TO: Registration Section Division of Corporations

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 provisi	ions of section 605.0115. Florida Statutes, the unde	ersigned.	
PARACORP INCO	ORPORATED	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	POPULAR CULTURE CAPITAL II, LLC		
	Name of Limited Liability Company	·	
M21000009331			
Document l	Number, if known		
A conviotable resignat	tion was mailed to the above listed limited liability	company at its last known address.	
	ted and the office discontinued on the 31st day after		led.
	$\infty$		
	Signature of Resigning Agent		
If signing on behalf of	an entity:	2023 TÃL	
Ç C	ABIGALE PETERSON	2023 OCT 16 PM 4: 43 TÄLLAHÄSSEE, FLORID de	
	Typed or Printed Name	16 XSS	
	Asst. Secretary for Paracorp Incorpora	ated mc -p	1
	Capacity	TO =	
		ORAL F	
	DU INO PEEC		
	FILING FEES: \$ 85.00 Active limited liability c	company	
	\$ 25.00 Administratively dissolv	/ed/ voluntarily dissolved/	

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

withdrawn limited liability company