# M210000 11433

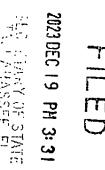
(Re	equestor's Name)				
(Address)					
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PICK-UP	WAIT	MAIL			
(Bu	usiness Entity Name	)			
(Document Number)					
Certified Copies	_ Certificates o	f Status			
Special Instructions to	Filing Officer:				

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### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	ECT:
	Name of Limited Liability Company
DOC	UMENT NUMBER: M21000011433
The e for fil	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ing.
Please	e return all correspondence concerning this matter to the following:
CHR	IS MAYS
	Name of Person
PAR	ACORP INCORPORATED
	Name of Firm/Company
2804	Gateway Oaks Dr #100
	Address
Sacr	amento, CA 95833
	City/State and Zip Code
СМА	YS@MYPARACORP.COM
E	-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
CHR	IS MAYS 800 533-7272
	Name of Person at (800) 533-7272  Area Code Daytime Telephone Number
Enclo liabili liabili	sed is a check made payable to the Florida Department of State for \$85.00 for an active limited ty company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite ty company.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 provision	ns of section 605.011	<ol><li>Florida Statutes, the under</li></ol>	ersigned,			
PARACORP INCORPORATED hereby		, hereby resigns as				
	Name of Registered Age		. • • • • • • • • • • • • • • • • • • •			
Registered Agent for El	MO SYSTEMS, I	LC				-
<del></del>		nited Liability Company			<del></del>	٠,
	,	,,				
M21000011433						
Document Nu	mber, if known					
A copy of this resignation	on was mailed to the	above listed limited liability	company at its last k	nown a	ddress.	
The agency is terminated	d and the office disco	ontinued on the 31st day afte	er the date on which t	his state	ement i	s tiled.
		MD				
		Signature of Resigning Agent	<del></del>			
lf signing on behalf of a	n entity:			(7) []]	202	
	Jody Moua				2023 DEC 19 PM 3:3	1
		Typed or Printed Name		≥5	<u> </u>	
	Asst. Secretary	for Paracorp Incorpora	ited	55	9	П
		Capacity		MASSEIV TRANSPIRA	7	111
				ST	ယ္	
					<u>3</u>	
	<b>FILING</b> \$ 85.00 \$ 25.00	FEES: Active limited liability c Administratively dissolv withdrawn limited liabil	ed/ voluntarily disso	lved/		

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