M22000004339

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D. 11 (D. 11
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200432876042

07/11/24--01072--012 ++25.00

FILED
2024 JUL 11 PM 2: 55

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MMASCENT, LLC	
Name of Limited Liability DOCUMENT NUMBER: M22000004339	Company
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Roselynne Vang	
Name of Person	•
PARACORP INCORPORATED	
Name of Firm/Company	•
2804 Gateway Oaks Dr #100	
Address	•
Sacramento, CA 95833	
City/State and Zip Code	•
RPVANG@MYPARACORP.COM	
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
•	533-7272 Daytime Telephone Number t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn lim

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	5, Florida Statutes, the unde	rsigned,			
PARACORP INCORPORATED			, hereby resigns as			
Name of Registered Agent			, nereby resigns as			
Registered Agent for M	MASCENT, LLC					
	Name of Lin	nited Liability Company				,•
M22000004339						
Document Nu	mber, if known					
A copy of this resignation	n was mailed to the a	above listed limited liability	company at its last l	known ad	dress.	
The agency is terminated	d and the office disco	ntinued on the 31st day after L Signature of Resigning Agent	r the date on which t	this staten	nent is	; filed.
If signing on behalf of ar	n entity:					
	Leticia Herrera					
		yped or Printed Name ARY FOR PARACORE Capacity	PINCOF	TALLAH	1111 7686	<u> </u>
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability condition Administratively dissolved withdrawn limited liabili	ompany ed/ voluntarily disso ity company	SEE, FLO	11 PM 2: 55	

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