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	Division of Corporations		·
SHRJI	ECT: MARILA LEASING LLC		
., (, 1, 1, 1, 1	Name of	Limited Liability	Company
DOCU	MENT NUMBER: M2200000672	9	
The en for fili	closed Resignation of Registered Ageng.	ent for a Limited	Liability Company and fee are submitted
Please	return all correspondence concerning	this matter to th	e following:
RACH	HEL SCHOTT		
	Name of Person		
PARA	CORP INCORPORATED		
	Name of Firm/Company		
2804	Gateway Oaks Dr #100		
	Address	· · · · · · · · · · · · · · · · · · ·	
Sacra	imento, CA 95833		
	City/State and Zip Code		
E-	mail address: (to be used for future annual re	port notification)	
For fur	rther information concerning this mat	ter, please call:	
RACH	HEL SCHOTT	800	533-7272 Daytime Telephone Number
<u></u>	Name of Person	Area Code	Daytime Telephone Number
Enclos liabilit liabilit			t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

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 under	rsigned,			
PARACORP INCORPORATED			, hereby resigns as			
Name of Registered Agent						
Registered Agent for M	IARILA LEASING	LLC	<u> </u>			
	Name of Lim	ited Liability Company				
M22000006729						
Document No	ımber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last kno	own addre	ess.	
The agency is terminate	d and the office disco	ontinued on the 31st day afte	r the date on which thi	is stateme	nt is fil	ed.
		Total				
		Signature of Resigning Agent				
If signing on behalf of a	in entity:					
	Jody Moua		_	<u> </u>	20	
		yped or Printed Name			2 3 C	cont.g.mg
	Asst. Secretary	for Paracorp Incorpora	ted	. .) <u>H</u>	i
		Capacity		15 75	2023 DEC 19	-
				SSE 10F	P	
	<u>FILING</u> \$ 85.00	Active limited liability of	ompany	E.F.	PM 3: 32	
	\$ 25.00	Administratively dissolve withdrawn limited liabil	ed/ voluntarily dissolv ity company	/ed/ m	13	

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