M22000011771

(F	Requestor's Name)	
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· COVER LETTER

Na	ame of Limited Liab	Ility Company	
DOCUMENT NUMBER: M220000	011771	<u>, , , , , , , , , , , , , , , , , , , </u>	
The enclosed Resignation of Register for filing.	ed Agent for a Lim	ited Liability Company and	fee are submitted
Please return all correspondence conc	erning this matter	o the following:	
MANPREET KAUR			
Name of Person		_ 	
PARACORP INCORPORATED			
Name of Firm/Comp	pany		
PO BOX 160568			
Address			
Sacramento, CA 95833			
City/State and Zip C	ode		
E-mail address: (to be used for future ar	nnual report notificatio	1)	
For further information concerning th	is matter, please ca	11:	
MANPREET KAUR	800 at (533-7272	
Name of Person	Area Co	ode Daytime Telephone Nun	nber

MAILING ADDRESS:

liability company.

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 provision	ns of section 605.0115	5. Florida Statutes, the unders	signed,			
PARACORP INCORPORATED		_ , hereby resigns as				
	Name of Registered Agen	ıt	merony reenging in			
Registered Agent for H	RP-MARBLE APC	DLLO, LLC				_
	Name of Limi	ited Liability Company				<u> </u>
M22000011771						
Document Nu	imber, if known					
A copy of this resignation	on was mailed to the a	bove listed limited liability c	ompany at its last	known	addres	S.
The agency is terminated	d and the office discor	ntinued on the 31st day after	the date on which	this sta	itement	is filed
		Signature of Resigning Agent				
If signing on behalf of a	n entity:					
	ABIGALE PETER	RSON				
	Ту	ped or Printed Name				
	Asst. Secretary					
	FILING \$ 85.00 \$ 25.00	Capacity FEES: Active limited liability con Administratively dissolved withdrawn limited liability	npany I/ voluntarily diss y company	olved/	2023 SEP 26 PM 12: 15	The second secon

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

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