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COVER LETTER

TO: Registration Section Division of Corporations

Name of Limited Liability Company DOCUMENT NUMBER: M22000014068 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Vanessa Flanagan 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 notification) For further information concerning this matter, please call: Vanessa Flanagan Name of Person 1 (800) Daytime Telephone Number	SUBJECT: FLEXBASE INSURANCE SERVICES LLC	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Vanessa Flanagan 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 notification) For further information concerning this matter, please call: Vanessa Flanagan 800 533-7272	Name of Limited Liability	Company
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Address Sacramento, CA 95833 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Vanessa Flanagan 800 533-7272	Name of Firm/Company	
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Vanessa Flanagan at (800) 533-7272 Name of Person Area Code Daytime Telephone Number	For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	Vanessa Flanagan 800	533-7272
	Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

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 provisions of section	605.0115, Florida Statutes.	, the undersigned,		
PARACORP INCORPORATE	D	, hereby resigns as		
Name of Regis				
Registered Agent for FLEXBASE	INSURANCE SERVIC	DES LLC		
Na	ame of Limited Liability Compan			
	and or Ellinted Elliothty Compan	•		
M22000014068				
Document Number, if known	1			
A copy of this resignation was maile	d to the above listed limited	d liability company at its last known a	ddress.	
The agency is terminated and the off	ice discontinued on the 31s	st day after the date on which this state	ement is 1	filed.
	Signature of Resigni	ing Agent		
If signing on behalf of an entity:			202	/:
Abigale F	Peterson		2023 MAY	- -
	Typed or Printed Name		1	[₽] Ā₽
Asst. Sec	cretary for Paracorp Inc	corporated	9	32 22 21
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\$	\$ 25.00 Administratively	iability company y dissolved/ voluntarily dissolved/ ted liability company		.ت

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