## M23000011071

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(Address)		
(133,555)		
(Address)		
(City/State/Zip/Phone #)		
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:\_\_ Name of Limited Liability Company DOCUMENT NUMBER: M23000011071 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: SAIDA GALAN 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: SAIDA GALAN Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

STREET ADDRESS:

Division of Corporations

2661 Executive Center Circle

Registration Section

Tallahassee, FL 32301

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Registration Section
Division of Corporations

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the prov	isions of section 605.0115, Florida Statutes, the unde	ersigned,
PARACORP INCORPORATED		, hereby resigns as
-	Name of Registered Agent	, nervoy resigns to
Registered Agent fo	EXECUTIVE LANDSCAPING, LLC	
	Name of Limited Liability Company	<del>.</del>
M23000011071		
Documer	nt Number, if known	
	nation was mailed to the above listed limited liability nated and the office discontinued on the 31st day after	
	Signature of Resigning Agent	——————————————————————————————————————
If signing on behalf	of an entity:	1024 LL
	ABIGALE PETERSON	ZOZA JUL 10
	Typed or Printed Name	
	Asst. Secretary for Paracorp Incorpora	ted 🚊 😤
	Capacity	7 5: 3: Torio

**FILING FEES:** 

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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