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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	,
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	<u> </u>
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R. WHITE

COVER LETTER

Division of Corporations
SUBJECT: Paragon Electric Service, Inc (Name of Corporation)
DOCUMENT NUMBER: \$\frac{9600087307}{}\$
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Ashman (Name of Person)
Paragon Electric Service, Inc (Name of Firm/Company)
1777 NoFThgato Bld B2 (Address)
Sarascita, FL. 34234 (City/State and Zip Code)
For further information concerning this matter, please call:
Robert Ashman at (941) 735-1670 (Name of Person) at (941) 735-1670 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150	19,	
Florida Statutes, the undersigned, Ronald R. Gill (Name of Registered Agent)		
hereby resigns as Registered Agent for Paragon Electric Ser (Name of Corporation)	VICE,	Γ_{n}
P96000087307		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known	address.	
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.	which	
Resigning Agent)		
If signing on behalf of an entity:		
Ronald RG. 11 (Typed or Printed Name)	TALLAHAS	100 Ti
lesigning fresident (Capacity)	SHI JUMES SHATE	

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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