P21000041804

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: 1720 MIAMI GARDENS FLORIDA CORP.				
(Name of Corporation) DOCUMENT NUMBER: P21000041804				
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:				
RACHEL SCHOTT				
(Name of Person)				
PARACORP INCORPORATED				
(Name of Firm/Company)				
PO BOX 160568				
(Address)				
SACRAMENTO CA 95833				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
RACHEL SCHOTT 800 533.7272				
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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Mailing Address: Amendment Section

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of secti	ons 607.0502(2), 617.0502(2), 607.15	i09, or 617.1509.	
Florida Statutes, the undersigned,	Statutes, the undersigned, PARACORP INCORPORATED		
-	(Name of Registered /		
horoby resigns as Registered Ager	to for 1720 MIAMI GARDENS	FLORIDA CORP.	
neres, resigns as registered riger	(Name of Corporati	on)	
P21000041804			
(Document Number, if known)			
A copy of this resignation was ma	iled to the above listed corporation at	its last known address.	
The agency is terminated and the this statement is filed.	office discontinued on the 31st day af	er the date on which	
	(Signature of Resigning Agent)		
If signing on behalf of an entity:		\$3 10	
ABIGALE	PETERSON		
	(Typed or Printed Name)	WHY 292	
ASST. SECRE	TARY FOR PARACORP INCORP	ORATEDEE'S	
	(Capacity)	8: 0	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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