

A140000000714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

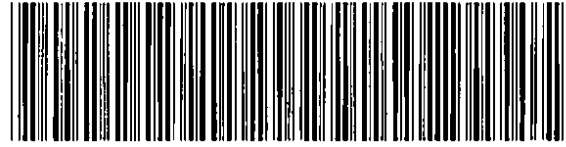
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400416187744

09/26/23--01028--018 \*\*87.50

**FILED**  
**Sep 26, 2023 08:00 AM**  
**Secretary of State**

*Re Resignation*

OCT 17 2023

D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PACIFICA SUN CITY OCALA LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A14000000714

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MANPREET KAUR

Contact Person

PARACORP INCORPORATED

Firm/Company

PO BOX 160568

Address

SACRAMENTO, CA 95816

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANPREET KAUR

Name of Contact Person

at ( 800 ) 533.7272

Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee

☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**FILED**  
**Sep 26, 2023 08:00 AM**  
**Secretary of State**

**RESIGNATION OF REGISTERED AGENT  
FOR  
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned.

PARACORP INCORPORATED

Name of Registered Agent

, hereby resigns as

Registered Agent for PACIFICA SUN CITY OCALA LP

Name of Limited Partnership or Limited Liability Limited Partnership

A14000000714

Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.



Signature of Registered Agent

If signing on behalf of an entity:

ABIGALE PETERSON

Typed or Printed Name

Asst. Secretary

Capacity

Filing Fee: \$87.50  
Certified Copy (optional): \$52.50

**FILED**  
**Sep 26, 2023 08:00 AM**  
**Secretary of State**