

**B1200000000010**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

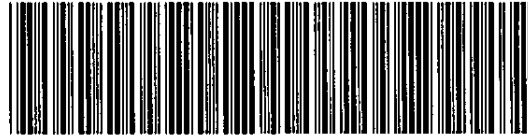
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 05 2015  
CLERK

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SD SEAPORT THREE LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B12000000010

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

Please return all correspondence concerning this matter to:

SHARON COOKE

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:

SHARON COOKE

Name of Contact Person

at ( 888 )

Area Code and Daytime Telephone Number

272-3725

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

2015 JUL 31 P 2 19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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

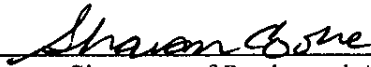
Registered Agent for SD SEAPORT THREE LP

Name of Limited Partnership or Limited Liability Limited Partnership

B12000000010

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:

SHARON COOKE

Typed or Printed Name

ASST SECRETARY

Capacity

Filing Fee: \$87.50

Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA

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