

(I	Requestor's Name)				
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(Document Number)					
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2024 DEC -3 PM 4:29

COVER LETTER

SUBJECT: SERVING THE AMERICAS FOUNDATION Name of Limited Liability	Company Company
DOCUMENT NUMBER: F23000003703	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he following:
JESSICA CONNRAD	
Name of Person	-
PARACORP INCORPORATED	
Name of Firm/Company	-
2804 Gateway Oaks Dr #100	
Address	-
Sacramento, CA 95833	
City/State and Zip Code	-
jconnrad@myparacorp.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
JESSICA CONNRAD 800	533-7272 Daytime Telephone Number
Name of Person at (at Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	at of State for \$85.00 for an active limited and voluntarily dissolved or withdrawn limit
	ET ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

Registration Section

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

TO: Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011	5. Florida Statutes, the under	signed,		
PARACORP INCORPORATED bereby		hereby resigns as			
Registered Agent for	SERVING THE AM	1ERICAS FOUNDATION	N CORPORATIO	NC	
	Name of Lin	nited Liability Company		·	·
	Name of the	nicu chaomy Company			
F23000003703					
Document N	umber, if known				
A copy of this resignati	ion was mailed to the a	above listed limited liability o	ompany at its last k	enown addres	SS.
The agency is terminate	ed and the office disco	ontinued on the 31st day after	the date on which t	this statemen	t is filed.
	<u> </u>	Signature of Resigning Agent			
If signing on behalf of a	an entity:			~>	
	ABIGALE PETERSON		:	2024 DEC SLORE !	
	1)	yped or Printed Name			-11
	Asst. Secretary	for Paracorp Incorporate	∍d	· 1	i
		Capacity		3 F	;T:
				PH 4: 29 OF STATE SEE. FL	
	FILING \$ 85.00	FEES: Active limited liability con	mnany	31. 67.	
	\$ 25.00	Active limited liability co Administratively dissolved withdrawn limited liabilit	d voluntarily disso y company	olved/	

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