LCCO 000 6 60560

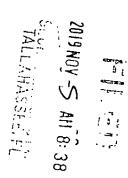
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodineit (Valliger)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

SUBJECT: 145 WATTS STREET	LLC		
		Company	
DOCUMENT NUMBER: L000000	006056		
The enclosed Resignation of Register for filing.	red Agent for a Limited	Liability Company and fee are	submitted
Please return all correspondence conc	cerning this matter to th	e following:	
ERNESTO CRUZ			
Name of Person			
PARACORP INCORPORATED			
Name of Firm/Com	pany		
PO BOX 160568			
Address			
SACRAMENTO CA 95816			
City/State and Zip C	Code		
E-mail address: (to be used for future a	innual report notification)		
For further information concerning the	•		
ERNESTO CRUZ	888	280-6251 Daytime Telephone Number	
Name of Person	Area Code	Daytime Telephone Number	

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115	5. Florida Statutes, the und	ersigned.	
PARACORP INCOR	PORATED		_ , hereby resigns as	
	Name of Registered Agen			
Registered Agent for 145	WATTS STREE	ET LLC		
				•
	Name of Limi	ited Liability Company		
L00000006056				
Document Num	ber, if known			
A copy of this resignation	was mailed to the a	bove listed limited liability	y company at its last known address.	
The agency is terminated	and the office discor	ntinued on the 31st day aft	er the date on which this statement is	i filed.
			:	
-		Signature of Resigning Agent		
		Management of Resigning Agent	•	•
If signing on behalf of an	•			
	JODY MOUA			
	•	sped or Printed Name		
_	ASST. SECRET	ARY	,	
		Capacity		
			20 7	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolves withdrawn limited liabi	company ved/ voluntarily dissolved/ SAH 8: 38	٠٦٠ ا ا
	Make checks payab	le to Florida Department of Division of Corporations P.O. Boy 6327	f State and mail to:	

Tallahassee, FL 32314