

10000006056

(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



100336319031

11/05/19--01010--015 \*\*25.00

FILED  
2019 NOV -5 AM 8:38  
TALLAHASSEE, FL

NOV 5 2019  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 145 WATTS STREET LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L00000006056

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERNESTO CRUZ

\_\_\_\_\_  
Name of Person

PARACORP INCORPORATED

\_\_\_\_\_  
Name of 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:

ERNESTO CRUZ

\_\_\_\_\_  
Name of Person

at ( 888 ) 280-6251

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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, Florida Statutes, the undersigned,

PARACORP INCORPORATED

, hereby resigns as

Name of Registered Agent

Registered Agent for 145 WATTS STREET LLC


Name of Limited Liability Company

L00000006056

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

JODY MOUA

Typed or Printed Name

ASST. SECRETARY

Capacity

## FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

2019 NOV -5 AM 8:38  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS