LO1000007923

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COVER LETTER

DOCUMENT NUMBER: L01000	007923	·	
The enclosed Resignation of Registe for filing.		Liability Company and fee are	submitted
Please return all correspondence con	neerning this matter to th	e following:	
Emily Smith			
Name of Perso	n		
PARACORP INCORPORATED			
Name of Firm/Con	ipany		
2804 Gateway Oaks Dr #100			
Address			
Sacramento, CA 95833			
City/State and Zip	Code		
E-mail address: (to be used for future	annual report notification)		
For further information concerning t	his matter, please call:		
Emily Smith	800 at (533-7272 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 provisi-	ons of section 605.01	15, Florida Statutes, the und	ersigned.			
PARACORP INCORPORATED hereby res		_ , hereby resigns as				
Registered Agent for _	RIVER RUN ASSO	DCIATES LLC				
	Name of Lit	nited Liability Company			·	
L01000007923						
Document 8	Sumber, if known					
A copy of this resignat	ion was mailed to the	above listed limited liability	company at its last k	nown add	dress.	
The agency is terminat	ed and the office disc	ontinued on the 31st day aft	er the date on which th	his staten	nent is	filed.
		mo				
		Signature of Resigning Agent			~	
It signing on behalf of an entity:			<u> - E</u>	1202		
Jody Moua Typed or Printed Name			2 [1]	2021 AUG 23		
			ΣΕΛ΄ > ^′′	23		
	Asst. Secretary for Paracorp Incorporated		ated	SSH - 유	AM	
		Capacity			4 9: 00	D
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabi	company ved/ voluntarily disso lity company	lved/		49

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