

LO5000062032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

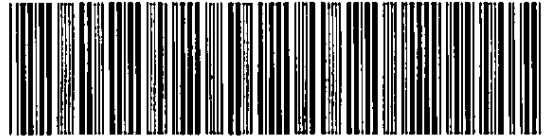
(Business Entity Name)

(Document Number)

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06/04/18--01001--004 \*\*60.00

05/08/18--01018--005 \*\*25.00

FILED  
18 MAY 30 PM 3:45  
FALLS CHURCH, VA  
CLERK OF COURT

C. SIMMONS  
2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 14, 2018

LAURIE SIMUNICH  
PO BOX 160568  
SACRAMENTO, CA 95816

SUBJECT: ROOKERY BAY BUSINESS PARK, L.L.C.  
Ref. Number: L05000062032

We have received your document for ROOKERY BAY BUSINESS PARK, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$60.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 318A00009941

RECEIVED  
2018 MAY 30 AM 11:16  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROOKERY BAY BUSINESS PARK, L.L.C.

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

**DOCUMENT NUMBER:** L05000062032

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:

LAURIE SIMUNICH

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

PARACORP INCORPORATED

\_\_\_\_\_  
Name of Firm/Company

PO BOX 160568

\_\_\_\_\_  
Address

SACRAMENTO, CA 95816

\_\_\_\_\_  
City/State and Zip Code

lburleson@myparacorp.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURIE SIMUNICH

at ( 800 ) 533-7272

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

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 ROOKERY BAY BUSINESS PARK, L.L.C.

Name of Limited Liability Company

L05000062032

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:

Leticia Burleson

Typed or Printed Name

Assistant 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