L08000045657

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Walk-In Will Pick Up Courier	Walk-In	Will Pick Up			Courier		



February 5, 2020

CAPITAL CONNECTION INC

SUBJECT: PAR REAL ESTATE #1, LLC

Ref. Number: L08000045657

We have received your document for PAR REAL ESTATE #1, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 720A00002609

COVER LETTER

	ne of Limited Liab	ility Company	
OOCUMENT NUMBER: L0800004565	7 	<u></u>	
he enclosed Resignation of Registered or filing.	l Agent for a Lin	nited Liability Company and	fee are submitted
Please return all correspondence concer	ning this matter	to the following:	
Richard M. Klitenick, Esq.			
Name of Person			
Richard M. Klitenick, PA			
Name of Firm/Compar	пу		
1009 Simonton Street			
Address			20 F
Key West, FL 33040			. 83
City/State and Zip Coo	de		رن ا
richard@rmkpa.com			PH 12: 30
E-mail address: (to be used for future ann	ual report notificati	on)	2: 3
For further information concerning this	matter, please c	all:	~∘
Richard M. Klitenick, Esq.	305	292-4101	
Name of Person	at (Area (Code Daytime Telephone Num	ber

Mailing Address:

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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 6	505.0115,	, Florida Statutes, the undersigned,					
PETER A. RUTSKIN , hereby resigns as							
Name of Registe	te re d Agent	· · · · · · · · · · · · · · · · · · ·					
Registered Agent for PAR REAL EST	`ATE #1, 1	LI.C .					
Nam	ne of Limite	ted Liability Company					
L08000045657							
Document Number, if known							
A copy of this resignation was mailed The agency is terminated and the office Level	ce discoun						
If signing on behalf of an entity:				7/18) 20 F			
	Туј	ped or Printed Name		F 83.			
		Capacity	•	S PMI2:			
\$	FILING F 85.00 25.00	FEES: Active limited liability company Administratively dissolved/ volunt withdrawn limited liability compa	arily dissolved/ ny	RATIOHS 2: 32	!		

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