L12000 139395

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| . (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Document Number) | | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: 510 INVESTMENTS, LLC | |
|--|---|
| Name of Limited Liability | Company |
| DOCUMENT NUMBER: L12000139395 | |
| The enclosed Resignation of Registered Agent for a Limited for filing. | Liability Company and fee are submitted |
| Please return all correspondence concerning this matter to the | ne 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 888 | 280-6251 |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

| PARACORP INCORPORATED Name of Registered Agent State of Limited Liability Company State of Limited Liability Company | _ , hereby resigns as |
|--|---|
| Registered Agent for 510 INVESTMENTS, LLC | |
| | |
| | |
| Name of Lanned Liaomy Company | |
| | |
| L12000139395 | |
| 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 | er the date on which this statement is filed. |
| De la companya dela companya dela companya dela companya de la com | |
| Rignature of Resigning Agent | |
| If signing on behalf of an entity: | 19 XOV - |
| JODY MOUA | 2 2 |
| Typed or Printed Name | ! · · · · · · · · · · · · · · · · · |
| ASST. SECRETARY | P. III |
| Capacity | |
| | <u></u> 5 |

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

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Tallahassee, FL 32314