

L13000109562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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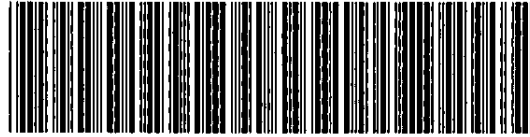
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/2/16 QS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paramount Development Strategies, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000109562

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:

Philip Calandrino

Name of Person

Calandrino Law Firm, P.A.

Name of Firm/Company

214 S. Park Avenue, Ste. B

Address

Winter Park, FL 32789

City/State and Zip Code

corporations@floridabusinesslaw.com

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

For further information concerning this matter, please call:

Melanie Johnston

Name of Person

at (407) 621-4200

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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16 APR 29 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Calandrino Law Firm, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for Paramount Development Strategies, LLC

Name of Limited Liability Company

L13000109562

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:

Phillip Moeller

Typed or Printed Name

Authorized Representative

Capacity

FILED
16 APR 29 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**