# h13000120221

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### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	ECT:
	Name of Limited Liability Company
DOCU	JMENT NUMBER: L13000120221
The en for fili	iclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ng.
Please	return all correspondence concerning this matter to the following:
ANTO	DINETTE GRANADOS
	Name of Person
PARA	ACORP INCORPORATED
	Name of Firm/Company
2804	GATEWAY OAKS DR #100
	Address
SACF	RAMENTO, CA 95833
	City/State and Zip Code
E-	mail address: (to be used for future annual report notification)
For fur	rther information concerning this matter, please call:
ANTO	Name of Person at ( 800 ) 533-7272  Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclos liabilit liabilit	sed is a check made payable to the Florida Department of State for \$85.00 for an active limited y company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite y company.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 provision	is of section 605.011	5. Florida Statutes, the ur	ndersigned.		
PARACORP INCOF	RPORATED		, hereby resig	gns as	
	Name of Registered Age		_ · `		
Registered Agent for 16	51 EASTERN, L	LC			
	Name of Lin	nited Liability Company		<del></del>	<del></del> ·
L13000120221					
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the	above listed limited liabil	lity company at i	ts last known add	ress.
The agency is terminated	d and the office disco	ontinued on the 31st day a	after the date on	which this statem	ent is filed.
If signing on behalf of a	JOSE GOMEZ	Signature of Resigning Age Typed or Printed Name for Paracorp Incorpo		SEG. AUG 23 AI	FILE
	Asst. Secretary	Capacity Capacity	Ji ateu	70	
		Company,		AM 10: 56	0
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabilit Administratively diss withdrawn limited lia	olved/ voluntari	ły dissolved/	90

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