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### **COVER LETTER**

Registration Section Division of Corporations SUBJECT:\_\_\_ Name of Limited Liability Company DOCUMENT NUMBER: L14000074689 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: **Emily Smith** Name of Person PARACORP INCORPORATED Name of Firm/Company 2804 Gateway Oaks Dr #100 Address Sacramento, CA 95833 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

**Emily Smith** 

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

800 533-7272
Area Code Daytime Telephone Number

TO:

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

Pursuant to the provisi	ions of section 605.011	15, Florida Statutes, the unc	lersigned.
PARACORP INCORPORATED		hereby resigns as	
	Name of Registered Age	ent	_ thereof resigns to
Registered Agent for	1000 HIALEAH PA	ARTNERS, LLC	
	Name of Lie	nited Liability Company	
L14000074689			
Document 5	Number, if known		
A copy of this resignat	tion was mailed to the	above listed limited liabilit	y company at its last known address.
The agency is terminat	ted and the office disco	ontinued on the 31st day af	ter the date on which this statement is filed.
		Signature of Resigning Agent	
If signing on behalf of	an entity:	$\cup$	
	Jose Gomez		ALEG JU
		Typed or Printed Name for Paracorp Incorpor	ated Area Area Area Area Area Area Area Area
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	\$ 85.00 \$ 25.00	Active limited liability Administratively dissolwithdrawn limited liab	company ved/ voluntarily dissolved/ lity company

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