K14 000102007

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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OCT 1 2 2022 S. PRATHEF

COVER LETTER

SUBJECT: J&H N MONROE STREET, LLC Name of Limited Liability Company							
DOCUMENT NUMBER: L14000102007							
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:							
SAVANNAH SCHMIDT							
Name of Person							
PARACORP INCORPORATED							
Name of Firm/Company							
2804 Gateway Oaks Dr #100							
Address							
Sacramento, CA 95833							
City/State and Zip Code							
paracorp@myparacorp.com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
SAVANNAH SCHMIDT 800 533-7272 at ()							
Name of Person at () 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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	ns of section 605.011	5, Florida Statutes, the unde	ersigned,			
PARACORP INCORPORATED			, hereby resigns as	perchy regions as		
Name of Registered Agent						
Registered Agent for <u>J&</u>	&H N MONROE ST	REET, LLC				
	Name of Lin	nited Liability Company				
<u>1.14000102007</u>						
Document Nu	mber, if known					
A copy of this resignatio	on was mailed to the a	above listed limited liability	company at its last kno	ıwn add	iress.	
The agency is terminated	d and the office disco	ontinued on the 31st day after	er the date on which this	statem	ent is	filed.
If signing on behalf of ar	JOSE GOMEZ	Signature of Resigning/Agent yped or Printed Name		FÄLLAHASSE	2022 JUL 14 PH 3: 43	<u>:</u> :
	Asst. Secretary	for Paracorp Incorpora Capacity	<u>ted</u>	STATE E FLORIDA	+ PH 3: 43	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability conditions and administratively dissolved withdrawn limited liability.	ompany ed/ voluntarily dissolve ity company	ed/		

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