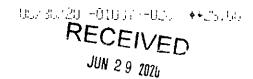
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D. BRUCE AUG 15 2020

COVER LETTER

SUBJECT: VINEYARD HOMES, LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L14000178685	
The enclosed Resignation of Registered Agent for a Limited Liability Cofor filing.	ompany and fee are submitted
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	2020 JUH 29 SEGNETAR
Address	
Sacramento, CA 95833	
City/State and Zip Code	
	AHIO: 40
E-mail address: (to be used for future annual report notification)	in 0
For further information concerning this matter, please call:	
Emily Smith 800 533-7272	
Name of Person at () Area Code Daytime To	elephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Τ̈́O:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115, Florida Statutes, the und	ersigned,	
PARACORP INC	ORPORATED	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for			
VINEYARD HOM	ES, LLC		
	Name of Limited Liability Company		
L14000178685			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liability	y company at its last known address.	
The agency is termina	ted and the office discontinued on the 31st day aft	er the date on which this statem is filed.	
	Signature of Resigning Agent	20 JUH 29 TALLAHA	
If signing on behalf of	an entity:	COLD DE LEGIS	
	Jody Moua	AM 10: 40	
	Typed or Printed Name		
	Asst. Secretary for Paracorp Incorpora	ated	
	Capacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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