L14000196514

| (Re | equestor's Name) | |
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Office Use Only



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RA Resignation

COVER LETTER

1319 MOSS CREEK LANE, LLC Name of Limited Liability Company DOCUMENT NUMBER: L14000196514 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: SAIDA GALAN Name of Person PARACORP INCORPORATED Name of Firm/Company 2804 Gateway Oaks Dr #100 Address Sacramento, CA 95833 City/State and Zip Code SGALAN@MYPARACORP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SAIDA GALAN Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn-limited liability company.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
Tallahassec, FL 32301

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions o | f section 605.011 | Florida Statutes, the unde | rsigned, | | | |
|-------------------------------|--------------------------------|--|-------------------------|--------------|-----------|-----------------------|
| PARACORP INCORPORATED | | , hereby resigns as | | | | |
| Name of Registered Agent | | | | | | |
| Registered Agent for | MOSS CREE | K LANE, LLC | | | | |
| | | | | | | |
| | Name of Lin | nited Liability Company | | | | |
| L14000196514 | | | | | | |
| Document Numbe | r, if known | | | | | |
| A copy of this resignation w | vas mailed to the a | above listed limited liability | company at its last kn | own addre | ess. | |
| The agency is terminated an | nd the office disco | ntinued on the 31st day afte | r the date on which thi | is stateme | nt is fil | led. |
| | æ | Signature of Resigning Agent | | | | |
| If signing on behalf of an en | ntity: | | | | | |
| Al | BIGALE PETE | RSON | | | | |
| | Т | yped or Printed Name | | , - <u>,</u> | 2 | |
| A: | sst. Secretary | for Paracorp Incorpora | ted | - im | 023 | |
| | | Capacity | | [1] | 2023 HAR | |
| | | | | | ₹ 20 | emina and Paramana |
| | | | | -3-3 | | |
| | FILING \$ 85.00 \$ 25.00 | | ed/ voluntarily dissolv | /ed/ -: | VI 10: 12 | |

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