14000196524

	(Requ	uestor's Name)	-
	(Addr	ess)	
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	(City/	State/Zip/Phor	ne #)
PIĆK-U	P	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 1309 MOSS CREEK LANE, LLC Name of Limited Liability Company
DOCUMENT NUMBER: L14000196524
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 Name of Person Name of Person Name of Person Area Code Daytime Telephone Number
Name of Person at (Area Code Daytime Telephone Number 2)
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Fig	orida Statutes, the unde	ersigned.			
PARACORP INCORPORATED			, hereby resigns as			
Registered Agent for	309 MOSS CREEK L	ANE, LLC				
	Name of Limited L	Liability Company			·	
L14000196524						
Document Nu	imber, if known					
A copy of this resignation	on was mailed to the above	e listed limited liability	company at its last kr	iown add	ress.	
The agency is terminate	d and the office discontinu	ied on the 31st day afte	er the date on which th	is statem	ent is f	îled.
	COST	nature of Resigning Agent				
If signing on behalf of a	n entity:			.2	20	
ABIGALE PETERSON Typed or Printed Name Asst. Secretary for Paracorp Incorporated		N		<u></u> 28	2023 HAR	=Fal
		or Printed Name		[T] []	Ä,	. 6 € - 6 €
		ted		20	ru sus J	
	Ca	apacity			P.K.	- H-H
				:	AK 10: 04	-
	FILING FEE \$ 85.00 Ac \$ 25.00 Ad wi	<u>CS:</u> tive limited liability c lministratively dissolv ithdrawn limited liabil	ompany ed/ voluntarily dissolity company	ved/	•	

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