h15000005588

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Registration Section Division of Corporations

TO:

BAOISIOA BBOWLLO			
SUBJECT: PACIFICA BRSW LLC Name of Lim	ited Liability	Company	
DOCUMENT NUMBER: L15000005588	nea Emonny	Company	
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning this	matter to th	ne following:	
Rachel Schott			
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 to	notification)		
For further information concerning this matter, p	olease call:		
Rachel Schott	, 800	533-7272	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department cly dissolved	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida S	tatutes, the undersigned.
PARACORP INCORPORATED	, hereby resigns as
Name of Registered Agent	(Notes) reagns at
Registered Agent for PACIFICA BRSW LLC	
Name of Limited Liability	Company
L15000005588	
Document Number, it known	
A copy of this resignation was mailed to the above listed	limited liability company at its last known address.
The agency is terminated and the office discontinued on	the 31st day after the date on which this statement is filed.
Signature of	Resigning Agent
If signing on behalf of an entity:	Registring Agent
Jose Gomez	
Typed or Printe	d Name
Asst. Secretary for Paracorp Incorporated	
Capacity	
FILING FEES: \$ 85.00 Active lin \$ 25.00 Administ	nited liability company ratively dissolved/ voluntarily dissolved/

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

withdrawn limited liability company