L15000101825

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TO:	Registration Section Division of Corporations	•	
SUBJ	ECT: BANYAN TERRE HAUTE HOTE	EL, LLC	
		iited Liability	Company
DOC	UMENT NUMBER: L15000101825	<u>-</u>	
The e	nclosed Resignation of Registered Agent fing.	for a Limited	Liability Company and fee are submitted
Please	e return all correspondence concerning this	s matter to th	e following:
VAN	ESSA FLANAGAN		
	Name of Person		
PAR.	ACORP INCORPORATED		
	Name of Firm/Company		
2804	Gateway Oaks Dr #100		
	Address		
Sacr	amento, CA 95833		
	City/State and Zip Code	 	
E	-mail address: (to be used for future annual report	notification)	
For fu	rther information concerning this matter,	please call:	
VAN	ESSA FLANAGAN	(800	533-7272 Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number
Jiabili	sed is a check made payable to the Florida ty company or \$25.00 for an administrativ ty company,	Department ely dissolved	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limite

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 provision	ons of section 605.01	15, Florida Statutes, the under	signed,	
PARACORP INCO	RPORATED		hereby resigns as	
	Name of Registered Ag		nereo, resigns as	
Registered Agent for _	BANYAN TERRE	HAUTE HOTEL, LLC		<u></u>
	N	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		·
	Name of L	imited Liability Company		
L15000101825				
Document N	lumber, if known 💎 🕟			
A copy of this resignat	ion was mailed to the	above listed limited liability c	company at its last know	wn address.
The agency is terminat	ed and the office disc	continued on the 31st day after	the date on which this	statement is file
		Signature of Resigning Agent		
If signing on behalf of	an entity:			202
	Abigale Peters	on	TALLAHASSEE	2024 JUL 11 PH 4: 21
		Typed or Printed Name		THE PLANE
	Asst. Secretary	y for Paracorp Incorporate	ed SSE	
		' Capacity	in c	PH T
			S S S S S S S S S S S S S S S S S S S	
				2
	FILING \$ 85.00	G FEES: Active limited liability co	mnuny	
	\$ 25.00		d/ voluntarily dissolve y company	d/

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

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