# 45000179691

(R	Requestor's Name)	
(A	Address)	
	Address)	
· ·	,	
(C	City/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
	Business Entity Name	
,-		
(0	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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## **COVER LETTER**

Parkland Saibaba LLC			
SUBJECT: Name of Limit	ted Liability	Company	<del></del>
DOCUMENT NUMBER: L15000179691			
The enclosed Resignation of Registered Agent fo for filing.	or a Limited	Liability Company an	d fee are submitted
Please return all correspondence concerning this	matter to th	e following:	
United States Corporation Agents, Inc.			
Name of Person			
Legalzoom.com, Inc.			
Name of Firm/Company			
9900 Spectrum Dr.			<del></del>
Address			. <b>&gt;</b>
Austin, TX 78717			
City/State and Zip Code			FILEED  CT 15 PH 1: S7  CTARC OF STATE  HASSEE, FLORIDA
			ZZ ₹ D
E-mail address: (to be used for future annual report n	otification)		ORD S
For further information concerning this matter, p	lease call:		A
Janna Pantoja	1 800	773-0888 x3950	
Name of Person	Area Code	) Daytime Telephone N	umber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

**TO:** Registration Section Division of Corporations

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 provis	sions of section 605.0115. Florida Statutes, the under	rsigned.
United States Corporation Agents, Inc.  Name of Registered Agent		, hereby resigns as
		Hereby resigns as
Registered Agent for	Parkland Saibaba LLC	<del></del>
	Name of Limited Liability Company	
L15000179691		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed limited liability	company at its last known address.
The agency is termina	ated and the office discontinued on the 31st day after	the date on which this statement is filed.
	Signature of Resigning Agent	SECRETALIANA FI
If signing on behalf o	fan entity:	ASSEE ASSEE
	Cheyenne Moseley	
	Typed or Printed Name	OR A
	Asst. Secretary for United States Corporation Age	ents, Inc.
	Capacity	<del></del>

# 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