116000010250

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Do	cument Number)					
Certified Copies Certificates of Status						
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2021 AUG 23 AM 8: 46
SECTION OF STATE

COVER LETTER

то:	Registration Section Division of Corporations
CITI	SMC HERITAGE QC, LLC Name of Limited Liability Company
SUB.	Name of Limited Liability Company
DOC	UMENT NUMBER: L16000010250
The e	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ing.
Pleas	e return all correspondence concerning this matter to the following:
Emil	y Smith
	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
	-mail address: (to be used for future annual report notification)
For fu	irther information concerning this matter, please call:
Emil	y Smith at (800) 533-7272 Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclo liabil liabili	ised is a check made payable to the Florida Department of State for \$85.00 for an active limited ty company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited ty company.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 provisions of	of section 605.011:	5, Florida Statutes, the unc	dersigned.	
PARACORP INCORF	PORATED		, hereby resigns as	
	ime of Registered Ager		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Registered Agent for SMC	C HERITAGE C	QC, LLC		
	Name of Lim	nited Liability Company		
L16000010250				
Document Numb	er, if known			
A copy of this resignation v	was mailed to the a	above listed limited liabilit	ty company at its last known	address.
The agency is terminated a	nd the office disco	ontinued on the 31st day af	fter the date on which this sta	atement is filed.
_		STO		
		Signature of Resigning Agent	Ţ	
If signing on behalf of an e	ntity:			SE 20
J	ody Moua		, ,	7021 AUG 23 SECTE 1333
-	T	yped or Printed Name		ं हे ग
A	sst. Secretary f	for Paracorp Incorpor	rated 3	23
_		Capacity		
				FILED MG 23 AH 8:46
				46
	\$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company lved/ voluntarily dissolved/ pility company	

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