

L16 0000 13319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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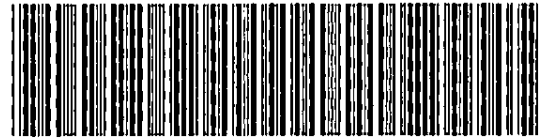
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

08/30/2021
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STARLINE DEVELOPER, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000013319

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:

ANTOINETTE GRANADOS
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 notification)

For further information concerning this matter, please call:

ANTOINETTE GRANADOS at (800) 533-7272
Name of Person Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

