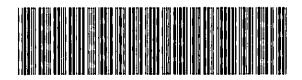
L160000 27970

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Endy Humb)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
}					

Office Use Only



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TO:	Registration Section Division of Corporations		
SUBJ	IECT: SANDY CREEK DEVELOPME	ENT, LLC	Company
DOC	UMENT NUMBER: L16000027970		
The e for fil	nclosed Resignation of Registered Agenting.	for a Limited	Liability Company and fee are submitted
Please	return all correspondence concerning th	is matter to th	e following:
Emily	y Smith		
	Name of Person		
PAR.	ACORP INCORPORATED		
	Name of Firm/Company	· <u> </u>	
2804	Gateway Oaks Dr #100		
	Address		
Sacr	amento, CA 95833		
	City/State and Zip Code		
E	-mail address: (to be used for future annual repor	rt notification)	
For fu	orther information concerning this matter	, please call:	
Emily	y Smith Name of Person	800	533-7272
	Name of Person	Area Code	Daytime Telephone Number
Enclo Iiabili Iiabili	sed is a check made payable to the Floric ty company or \$25.00 for an administrati ty company.	da Department ively dissolved	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited

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 section 605.0115	5, Florida Statutes, the unde	ersigned.	
PARACORP INCORPORATED	, hereby resigns as		
Name of Registered Agen	it	, herooy realigne do	
Registered Agent for SANDY CREEK DE	EVELOPMENT, LLC	<u>. </u>	
Name of Lim	ited Liability Company		
Name of Line	ned training Company		
L16000027970			
Document Number, if known			
A copy of this resignation was mailed to the a	bove listed limited liability	company at its last known address.	
The agency is terminated and the office discor	atinued on the 31st day afte	er the date on which this statement is	: filed
The agency is terminated and the office discor	minuca on the 31st day and	The date on when this statement is	· · · · · · · · · · · · · · · · · · ·
	TO		
-	Signature of Resigning Agent		
If signing on behalf of an entity:		3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	<u>ن</u> م
Jody Moua		SEC 23 205 23 2021 RUG 23 2021	
Ty	oped or Printed Name		
Asst. Secretary f	or Paracorp Incorporal	ted Section 2	
	Capacity	COT AT	<u> </u>
		7.15 7.15 7.18	D
		8 4	
FILING \$ 85.00 \$ 25.00	Active limited liability co	ed/ voluntarily dissolved/	40

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