L16CC0032723

(Re	questor's Name)	
(Δd	dress)	
(/10	uiess)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200388883582

06/10/22--01013--002 **25.00

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: J&H YULEE, LLC	me of Limited Liabili	ty Company		
DOCUMENT NUMBER: L1600003		ty Company		
		ed Liability Company and fee are submitted		
for filing.	а Аденстога глине	Ed Liability Company and ice are submitted		
Please return all correspondence conce	erning this matter to	the following:		
C/O JOSE GOMEZ				
Name of Person		_		
PARACORP INCORPORATED				
Name of Firm/Compa	any	_		
2804 Gateway Oaks Dr #100				
Address		_		
Sacramento, CA 95833				
City/State and Zip Co	ode	_		
E-mail address: (to be used for future an	nual report notification)	_		
For further information concerning thi	s matter, please call:	:		
VANESSA FLANAGAN	800	533-7272		
Name of Person	Area Cod	Daytime Telephone Number		
Enclosed is a check made payable to the liability company or \$25,00 for an additional liability company.	he Florida Departme ainistratively dissolv	ent of State for \$85.00 for an active limited red, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:		EET ADDRESS:		
Registration Section	_	Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		Executive Center Circle		
		nassee, FL 32301		

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115. Florida Statute	es, the undersigned.		
PARACORP INCORPORATED		, hereby resigns as		
	Name of Registered Agent			
Registered Agent for	&H YULEE, LLC			_
	Name of Limited Liability Comp	any		_ ⁺
L16000032723				
Document N	imber, if known			
	on was mailed to the above fisted limit d and the office discontinued on the 3	Ist day after the date on which this s		is filed
If signing on behalf of a	on entity:	mr ≯: ⊞:		
	Jose Gomez	ASSET	•	
	Typed or Printed Nam Asst. Secretary for Paracorp I		PM 2: 45	
	Capacity		15	
	FILING FEES:			

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

\$ 85.00 \$ 25.00 Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company