

L 16 000 103856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

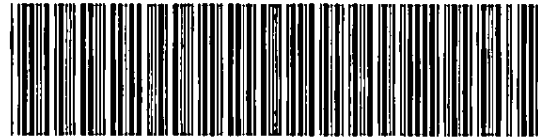
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900357057989

01/14/21 -01013--010 **85.00

2021 JAN 14 AM 11:22
JAN 14 2021
JAN 14 2021

O SIMMONS

FEB 20 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orlando Paradise Rentals, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000103886

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:

Lucy Jordan
Name of Person

Orlando Paradise Rentals, LLC
Name of Firm/Company

5288 Sweetgum Place
Address

Columbus, OH 43229
City/State and Zip Code

iberia3333@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucy Jordan at (614) 579-0917
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Allegiant Management Group, Inc.

Name of Registered Agent

Registered Agent for Orlando Paradise Rentals, LLC

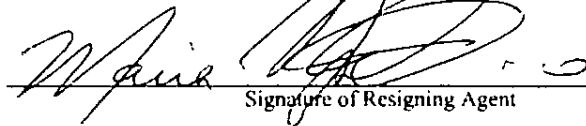
Name of Limited Liability Company

L16000103886

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Maria Napolitano

Typed or Printed Name

President

Capacity

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