

L16000200813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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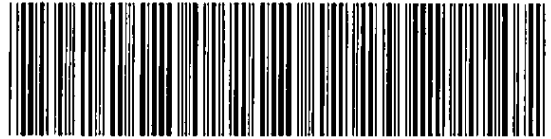
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 131 S. LAWSONA BLVD., LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000200813

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:

REBEKKA EIBEN

\_\_\_\_\_  
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:

REBEKKA EIBEN

\_\_\_\_\_  
Name of Person

at ( 800 ) 533-7272  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**


Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
**PARACORP INCORPORATED**

Registered Agent for **131 S. LAWSONA BLVD., LLC**, hereby resigns as

**L16000200813** Name of Limited Liability Company

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.

If signing on behalf of an entity:

  
Signature of Resigning Agent

**Abigale Peterson**

Typed or Printed Name

**Asst. Secretary for Paracorp Incorporated**  
Capacity

**FILING FEES:**

\$ 85.00  
\$ 25.00

Active limited liability company  
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