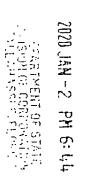
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Office Use Only



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### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: SPACE COAST REALTY & INVESTMENT	
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000011207	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
ERNESTO CRUZ	
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:	
ERNESTO CRUZ 888	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the under	rsigned.		
PARACORP INCO	RPORATED		. hereby resigns as		
· ·	Name of Registered Age		. Heren, reingin in		
Registered Agent for S	PACE COAST RE	EALTY & INVESTMEN	rs, llc		_
-					
	Name of Lin	nited Liability Company			_
L17000011207					
Document Nu	ımber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last l	known addres:	<b>;</b> ,
The agency is terminate	d and the office disco	ontinued on the 31st day after	the date on which	this statement	is filed.
		(M)			
		Signature of Resigning Agent			
If signing on behalf of a	n entity:				
	Jody Moua		<del></del> 7	2020 JAN -	
	ī	yped or Printed Name			1
	Asst. Secretary	for Paracorp Incorporat	ed §	4-2	
		Capacity		(かい) 第二	111
				PH 6: 1,14 TOF STAIL DREPORATION DREPORATION	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily disse ty company	리물인 주 olved/	

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