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Registration Section Division of Corporations

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STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the und	ersigned,
PARACORP INCORPORATED		, hereby resigns as
	Name of Registered Agent	
Registered Agent for _	GRAND CANAL INVESTMENTS I, LLC	
	Name of Limited Liability Company	·
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Document N	lumber, if known	
-	ion was mailed to the above listed limited liability	
The agency is terminat	ed and the office discontinued on the 31st day after the signature of Resigning Agent	statement is the statement is statement is the statement is statement in the statement in the statement is statement in the statement in the statement is statement in the statem
If signing on behalf of	an entity:	
	Abigale Peterson	MITH 42
	Typed or Printed Name	
	Asst. Secretary for Paracorp Incorpora	ited
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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 INCORPORATED			, hereby resigns as		
	nt	, moreoy rosigni	3 43		
Registered Agent for G	RAND CANAL IN	IVESTMENTS I, LLC			
		-			
	Name of Lim	nited Liability Company			,
L17000054822					
Document Nu	ımber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its	last known ac	ldress.
_		entinued on the 31st day after			
The agency is terminate	d and the office disco	attilided on the 31st day after	i ilie date oli wi	nen ans state	ment is med.
		COD:			
		Signature of Resigning Agent			
If signing on behalf of a	n entity:				
	Abigale Peterso	n			
	Т	yped or Printed Name		2025 JAH - : SECRETAF TALLAH	
	Asst. Secretary	for Paracorp Incorporat	ted	5 JA CRE	1
		Capacity		JAN -2 PRETARY ALLAHA	The state
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	<u>FILING</u> \$ 85.00	FEES:	ompon.		
	\$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liabili	ampany ed/ voluntarily (ity company	dissolved/\(\bar{\bar{\pi}}	

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