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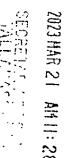
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ALISON SCHLICHT, LLC		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L17000187022		
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are su	bmitted
Please return all correspondence concerning this matter to the	e following:	
SAIDA GALAN		
Name of Person		
PARACORP INCORPORATED		
Name of Firm/Company		
2804 Gateway Oaks Dr #100		
Address		
Sacramento, CA 95833		
City/State and Zip Code		
SGALAN@MYPARACORP.COM		
E-mail address: (to be used for future annual report notification)	25.0 74.4 3.	2023
For further information concerning this matter, please call:		E= § 8 2023 HAR 21
SAIDA GALAN 800	533-7272	2
Name of Person Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	t of State for \$85.00 for an active 1 d, voluntarily dissolved or withdra	invited warlimited

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

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115. Florida Statutes, the unde	ersigned,
PARACORP INCORPORATED hereby		_ , hereby resigns as
	Name of Registered Agent	
Registered Agent for A	LISON SCHLICHT, LLC	
	Name of Limited Liability Company	
L17000187022		
Document No	umber, if known	
A copy of this resignation	on was mailed to the above listed limited liability	company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after	er the date on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of an entity:		2023 HAR 2 2023 HAR 2 2 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	ABIGALE PETERSON	
	Typed or Printed Name	
	Asst. Secretary for Paracorp Incorpora	ated 📑 🚉
	Capacity	
		MII: 28

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00

Tallahassee, FL 32314