

L19000138332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

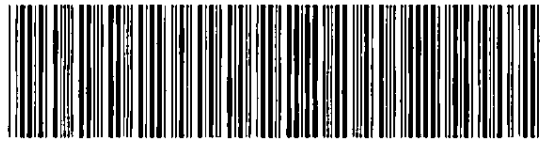
(Business Entity Name)

(Document Number)

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08/28/23--01019--022 \*\*60.00

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2023 AUG 28 PM 2:03

STATE OF NEW YORK

*Re Resignation*

OCT 12 2023

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SYNDICATE MANAGEMENT LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L 19000138332

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:

Amy Borchers  
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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
2023 AUG 28 PM 2:03  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 27, 2023

LETICIA HERRERA  
PARACORP INCORPORATED  
2804 GATEWAY OAKS DRIVE #100  
SACRAMENTO, CA 95833

SUBJECT: SYNDICATE MANAGEMENT LLC  
Ref. Number: L19000138332

We have received your document for SYNDICATE MANAGEMENT LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Operations Manager A

Letter Number: 923A00016884

# 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

Name of Registered Agent

, hereby resigns as

Registered Agent for SYNDICATE MANAGEMENT LLC

Name of Limited Liability Company

L19000138332

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:

JODY MOUA

Typed or Printed Name

ASST. SECRETARY FOR PARACORP INCORPORATED

Capacity

FILED  
2023 AUG 28 PM 2:03  
SECRETARY OF STATE  
FLORIDA

## **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