# 120000078717

| (Requestor's Name)                      |  |  |  |
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| (Address)                               |  |  |  |
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| (Address)                               |  |  |  |
|   |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
|   |  |  |  |
| (Business Entity Name)                  |  |  |  |
|   |  |  |  |
| (Document Number)                       |  |  |  |
| (Bodament Namber)                       |  |  |  |
|   |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
|   |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
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#### **COVER LETTER**

| TO:                         | Registration Section Division of Corporations  | :   |  |  |
|-----------------------------|--|---|--|--|
| SUBJ                        | JECT: 112 92ND AVENUE RENTALS, LLC   |   |  |  |
|                             | •  | Company   |  |  |
| DOC                         | EUMENT NUMBER: L20000078717  |   |  |  |
| The e<br>for fil            | enclosed Resignation of Registered Agent for a Limited ling.   | Liability Company and fee are submitted   |  |  |
| Please                      | e return all correspondence concerning this matter to th   | e following:  |  |  |
| Rach                        | hel Schott   |   |  |  |
|                             | Name of Person   |   |  |  |
| PARACORP INCORPORATED       |  |   |  |  |
|                             | Name of Firm/Company   |   |  |  |
| 2804                        | 4 Gateway Oaks Dr #100   |   |  |  |
|                             | Address  |   |  |  |
| Sacr                        | ramento, CA 95833  |   |  |  |
|                             | City/State and Zip Code  |   |  |  |
|                             |  |   |  |  |
| E                           | 3-mail address: (to be used for future annual report notification)   |   |  |  |
| For fu                      | urther information concerning this matter, please call:  |   |  |  |
| Rach                        | Name of Person at (800 Area Code   | 533-7272  |  |  |
|                             | Name of Person Area Code   | Daytime Telephone Number  |  |  |
| Enclo<br>liabili<br>liabili | osed is a check made payable to the Florida Department<br>ity company or \$25.00 for an administratively dissolved<br>ity company. | of State for \$85.00 for an active limited<br>I, voluntarily dissolved or withdrawn limited |  |  |

#### 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  | is of section 605.0115. Florida Statutes, | the undersigned,                                       |
|----------------------------|---|--|
| PARACORP INCOF             | RPORATED                                  | , hereby resigns as                                    |
|                            | Name of Registered Agent                  |  |
| Registered Agent for 11    | 2 92ND AVENUE RENTALS, LI                 | LC   |
|                            | Name of Limited Liability Compan          | y  |
| L20000078717               |   |  |
| Document Nui               | mber, if known                            |  |
| A copy of this resignatio  | n was mailed to the above listed limited  | I liability company at its last known address.         |
| The agency is terminated   | and the office discontinued on the 31s    | t day after the date on which this statement is filed. |
| lf signing on behalf of ar | Signature of Resigni                      | ng Agent   |
|                            | Jose Gomez                                |  |
|                            | Typed or Printed Name                     |  |
|                            | Asst. Secretary for Paracorp Incorporated |  |
|                            | Capacity                                  | <del></del>  |

#### FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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