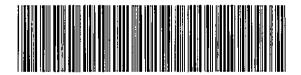
## L20000380108

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

Office Use Only



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## **COVER LETTER**

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or a Limited	Liability Company and fee ar	e submitted	
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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statute	s, the undersigned.			
PARACORP INCOI	, hereby resigns as				
Registered Agent for 7	GOLF TERRACE, LLC		<del></del>		
	Name of Limited Liability Compa	ny	,		
	Name of Entitled Daving Comple	,			
L20000380108					
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the above listed limite	ed liability company at its last known	address.		
The agency is terminated	d and the office discontinued on the 31	st day after the date on which this sta	tement is	filed.	
	Celo				
	Signature of Resig	ning Agent			
If signing on behalf of an entity:			5.00	ว เกา	
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	Asst. Secretary for Paracorp II	ncorporated		, .	
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Make checks payable to Florida Department of State and mail to: Division of Corporations

### FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

P.O. Box 6327 Tallahassee, FL 32314