L21000035883

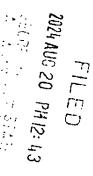
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
J. HORNE AUG Z 6 2024

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08/20/24--01011--029 **25.00



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: 720 NW 55 TERR, LLC				
	iited Liability	Company		
DOCUMENT NUMBER: L21000035883				
The enclosed Resignation of Registered Agent I for filing.	for a Limited	Liability Company and fee are submitted		
Please return all correspondence concerning this	s matter to th	e following:		
CHRIS MAYS				
Name of Person				
PARACORP INCORPORATED				
Name of Firm/Company	·····			
2804 Gateway Oaks Dr #100				
Address				
Sacramento, CA 95833				
City/State and Zip Code				
CMAYS@MYPARACORP.COM				
E-mail address: (to be used for future annual report	notification)			
For further information concerning this matter.	please call:			
CHRIS MAYS	800	533-7272 Daytime Telephone Number		
Name of Person	Area Code	Daytime Telephone Number		
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	i Department ely dissolved	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREE	T ADDRESS:		
Registration Section		Registration Section		
Division of Corporations	Division of Corporations Clifton Building			
P.O. Box 6327	CITION	Dunung		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the un	idersigned.			
PARACORP INCO	PRPORATED	, hereby resigns as			
	Name of Registered Agent		1	2	
Registered Agent for 720 NW 55 TERR, LLC	720 NW 55 TERR, LLC			2024 NJG 7	
)6 2	
	Name of Limited Liability Company			- -	FILED
L21000035883			-1. (1) (-1)	PH 12: 43	O
Document N	Sumber, if known		1. ; .	. <u>.</u>	,
A copy of this resignat	ion was mailed to the above listed limited liabili	ity company at its last kr	nown addr	ess.	
The agency is terminate	ed and the office discontinued on the 31st day a	fter the date on which th	nis stateme	nt is ti	led.
					
	Signature of Resigning Ager	11			
If signing on behalf of	an entity:				
	ABBY PETERSON				
	Typed or Printed Name				
	Asst. Secretary for Paracorp Incorpo	rated			
	Capacity				

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company