L21000035912

(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:	
3 HORNE	D)

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COVER LETTER

TO: Registration Section Division of Corporations	
1135 NW 58 ST, LLC SUBJECT: Name of Limited L	iability Company
DOCUMENT NUMBER: L21000035912	
The enclosed Resignation of Registered Agent for a l for filing.	
Please return all correspondence concerning this mat	ter to the following:
REBEKKA EIBEN	
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 noti	
For further information concerning this matter, plea	ase call:
REBERRACIO: N ./	533-7272
Name of Person A	rea Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Deliability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited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

· / 1

Pursuant to the provisions of section 605.0115. Florida Statutes, the	e undersigned,	
PARACORP INCORPORATED	, hereby resigns as	
Name of Registered Agent	· intrody rooigile de	(N)
Registered Agent for 1135 NW 58 ST, LLC		15 100
		12
Name of Limited Liability Company		3 5
L21000035912		;; ;; \$
Document Number, if known		4-
A copy of this resignation was mailed to the above listed limited lia	ability company at its last kno	wn address.
The agency is terminated and the office discontinued on the 31st da	ay after the date on which this	s statement is filed
600		
Signature of Resigning 2	Agent	
If signing on behalf of an entity:		
Abigale Peterson		

Typed or Printed Name
Asst. Secretary for Paracorp Incorporated

Capacity

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Name of Name	of Limited Liability C	ompany
DOCUMENT NUMBER: L210000359	12	
The enclosed Resignation of Registered A for filing.	gent for a Limited I	
Please return all correspondence concerni-	ng this matter to the	following:
REBEKKA EIBEN	_	
Name of Person	-	
PARACORP INCORPORATED		
Name of Firm/Company	,	
2804 Gateway Oaks Dr #100		
Address		
Sacramento, CA 95833		
City/State and Zip Code	2	
E-mail address: (to be used for future annu		
For further information concerning this	matter, please call:	
REBEKKA EIBEN	800 at (533-7272
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the liability company or \$25.00 for an admit liability company.	e Florida Departmer nistratively dissolve	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661	ET ADDRESS: ration Section on of Corporations n Building Executive Center Circle nassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

PARACORP INC	ORPORATED	by resigns as
	Name of Registered Agent	oy reargina da
Registered Agent for	1135 NW 58 ST, LLC	
	Name of Limited Liability Company	رئ.
L21000035912		\$ - = -
Document	Number, if known	ं जि
	ation was mailed to the above listed limited liability comparated and the office discontinued on the 31st day after the d	
The agency is termina	ated and the office discontinued on the 31st day after the d	
The agency is termina	ated and the office discontinued on the 31st day after the d	
The agency is termina	Signature of Resigning Agent Abigale Peterson Typed or Printed Name	
	Signature of Resigning Agent Abigale Peterson	

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