

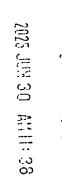
(Reque	stor's Name)	
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PICK-UP	WAIT	MAIL
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(Busine	ss Entity Name)	
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Certified Copies	Certificates of	Status
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Special Instructions to Filin	g Officer:	





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COVER LETTER

SUBJECT: LONG BEACH HOLDINGS Name	of Limited Liability (Company	
DOCUMENT NUMBER: L210001472	01 01	company	
The enclosed Resignation of Registered A for filing.	•	Liability Company and fee are su	ibmitted
Please return all correspondence concerni	ng this matter to the	following:	
Mariah Escobedo			
Name of Person	, <u></u>		
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 m	atter, please call:		
Mariah Escobedo	800 at (533-7272 Daytime Telephone Number	
Name of Person	Area Code	Daytime Telephone Number	

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	ons of section 605.011	Florida Statutes, the unde	rsigned,			
PARACORP INCO	RPORATED		, hereby resigns as			
	Name of Registered Age	nt	, mereoy resigns as			
Registered Agent for L	ONG BEACH HO	LDINGS III, LLC	·			
	Name of Lim	nited Liability Company				
L21000147201						
Document N	umber, if known					
A copy of this resignati	ion was mailed to the a	above listed limited liability	company at its last k	nown a	ıddress.	
The agency is terminate	ed and the office disco	ontinued on the 31st day afte	r the date on which t	his state	ement is	s filed.
		00				
		Signature of Resigning Agent				
If signing on behalf of	an entity:					
	Abigale Peterso	n			~.)	
	T	yped or Printed Name		12:3	925	
	Asst. Secretary	for Paracorp Incorpora	ted	}	<u>۔۔۔</u>	 راك
		Capacity			2025 JUN 30	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability ed Administratively dissolve withdrawn limited liabili	ompany ed/ voluntarily disso ity company	lved/	EH : 30	j

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