## L21000382714

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

Office Use Only



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FILED

1024 JUL 12 PM 12: 19

## **COVER LETTER**

SUBJECT: 30 NW 59 STREET INVESTMENT, LLC  Name of Limited Liability	Company
DOCUMENT NUMBER: L21000382714	Company
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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 notification)	
For further information concerning this matter, please call:	
REBEKKA EIBEN 800	533-7272 Daytime Telephone Number
Name of Person at (  Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

**TO:** Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the unde	ersigned,		
PARACORP INCORPORATED  Name of Registered Agent		_ , hereby resigns as		
	Name of Limited Liability Company			<u> </u>
L21000382714				
Document Nu	unber, if known			
A copy of this resignation	on was mailed to the above listed limited liability	company at its last ki	nown addre	SS.
The agency is terminate	d and the office discontinued on the 31st day afte	er the date on which th	nis statemer	nt is filed.
	Signature of Resigning Agent			
If signing on behalf of a		TALLAHASSE	2024 JUL 12	
Abigale Peterson				
	Typed or Printed Name		5 N	ا المسيسة
	Asst. Secretary for Paracorp Incorpora	ted	<u> </u>	
	Capacity		PH 12: 19	

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