

L21000412972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

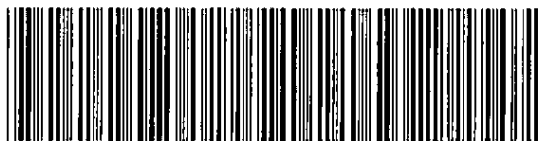
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2024 JUL 11 AM 10:41  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NARANJA VILLAGE LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L21000412972

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roselynn Vang

(Name of Person)

PARACORP INCORPORATED

(Name of Firm/Company)

PO BOX 160568

(Address)

SACRAMENTO CA 95833

(City/State and Zip Code)

For further information concerning this matter, please call:

Roselynn Vang at ( 800 ) 533.7272  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

PARACORP INCORPORATED

, hereby resigns as

Name of Registered Agent

Registered Agent for NARANJA VILLAGE LLC

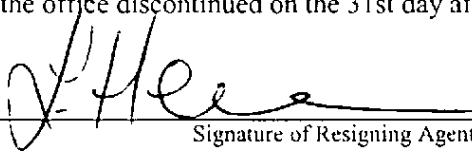
Name of Limited Liability Company

L21000412972

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Leticia Herrera

Typed or Printed Name

ASST. SECRETARY FOR PARACORP INCOF

Capacity

FILED  
2024 JUL 11 AM 10:41  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## **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