L21000521283

(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:





000408014580

05/03/23--01018--025 **85.00

2023 MAY -3 PM 2: 08

SECRE LARY OF STATE
ASSEE, FLORIDA

COVER LETTER

Division of Corporations SUBJECT: GHEE & DELAU DEVELOPMENT LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000521283 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Vanessa Flanagan 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: Vanessa Flanagan Name of Person Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO: Registration Section

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	5, Florida Statutes, the unde	ersigned,			
PARACORP INCORPORATED he			, hereby resigns as			
	Name of Registered Age		(nerea) resigne as			
Registered Agent for	SHEE & DELAU D	EVELOPMENT LLC			_	
	Name of Lir	nited Liability Company	·		_•	
L21000521283						
Document N	umber, if known					
A copy of this resignati	on was mailed to the	above listed limited liability	company at its last k	nown address	5.	
The agency is terminate	ed and the office disco	ontinued on the 31st day afte	er the date on which the	his statement	is filed.	
		Signature of Resigning Agent				
If signing on behalf of a	an entity:					
	Abigale Peterso	n				
		Typed or Printed Name				
	Asst. Secretary	for Paracorp Incorpora	ted	Fo €	3	
		Capacity		FLT. 503	ĕ E —⊤	٦
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability condition Administratively dissolve withdrawn limited liabil	ompany ed/ voluntarily disso ity company	388 1887 1887	1000 MAY -3 PM 2: 01	-

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