

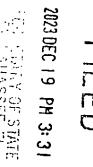
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LSAM PROPERTIES LLC		
	limited Liability	Company
DOCUMENT NUMBER: L22000092932		<u> </u>
The enclosed Resignation of Registered Ages for filing.	nt for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning	this matter to th	e following:
CHRIS MAYS		
Name of Person		
PARACORP INCORPORATED		
Name of Firm/Company	· ·	
2804 Gateway Oaks Dr #100		
Address		
Sacramento, CA 95833		
City/State and Zip Code		
cmays@myparacorp.com		
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter	er, please call:	
CHRIS MAYS	800 at (533-7272
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Flor liability company or \$25.00 for an administraliability company.	ida Department tively dissolved	of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited
MAILING ADDRESS:		CT ADDRESS:
Registration Section	-	ation Section
Division of Corporations		n of Corporations
P.O. Box 6327		Building recutive Center Circle
Tallahassee, FL 32314		ssee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the under	agned,		
PARACORP INCORPORATED		. hereby resigns as		
	Name of Registered Agent			
Registered Agent for _	LSAM PROPERTIES LLC			
	Name of Limited Liability Company	,		
L22000092932				
Document?	Sumber, if known			
	tion was mailed to the above listed limited liability of the and the office discontinued on the 31st day after Signature of Resigning Agent	the date on which this statement is filed	1.	
If signing on behalf of	an entity:	023 i		
	Jody Moua	2023 DEC 19	Ţ	
	Typed or Printed Name	Ally SS		
	Asst. Secretary for Paracorp Incorporate			
	Capacity	PH 3: 31 OF STATE SSEE, FL		

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company