L22000177878

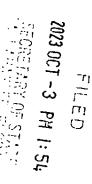
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 6649 BAYSTON HILL PLACE LLC		Company	
DOCUMENT NUMBER: L22000177878			
The enclosed Resignation of Registered Agent for for filing.	a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning this r	natter to th	e following:	
MANPREET KAUR			
Name of Person			
PARACORP INCORPORATED			
Name of Firm/Company			
PO BOX 160568			
· Address			
Sacramento, CA 95833			
City/State and Zip Code			
E-mail address: (to be used for future annual report no	otification)		
For further information concerning this matter, pl	ease call:		
MANPREET KAUR	800	533-7272	
Name of Person	Area Code	Daytime Telephone Number	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:	STREE	T ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the undersigned,
PARACORP INCO	RPORATED, hereby resigns as
	Name of Registered Agent
Registered Agent for 6	649 BAYSTON HILL PLACE LLC
	Name of Limited Liability Company
L22000177878	
Document N	umber, if known
A copy of this resignati	on was mailed to the above listed limited liability company at its last known address.
The agency is terminate	ed 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:
	ABIGALE PETERSON
	Typed or Printed Name
	Asst. Secretary
	Capacity
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarity dissolved/: withdrawn 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