L22000294103

(Re	equestor's Name)	
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(Au	aiess)	
bA)	dress)	-
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FIRST KEY HOUSE INVESTMENTS, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000294103	
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	e 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	
reiben@myparacorp.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rebekka Eiben 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provisi	ons of section 605.011	5, Florida Statutes, the under	rsigned,			
PARACORP INCORPORATED Name of Registered Agent		, hereby resigns as				
			, nereby resigns as			
Registered Agent for _	FIRST KEY HOUS	SE INVESTMENTS, LLC				_
	Name of Lin	nited Liability Company				
L22000294103						
Document N	Sumber, if known					
A copy of this resignat	ion was mailed to the	above listed limited liability	company at its la	ist knowi	ı addre	ess.
The agency is terminat	ed and the office disco	ontinued on the 31st day after	r the date on whi	ch this st	atemei	nt is filed.
If signing on behalf of	an entity:					
Abigale Peterson						
	-	Typed or Printed Name		(ÀL)	2024	
	Asst. Secretary	for Paracorp Incorporat	ted	AH	8	1 !
	FILING \$ 85,00	Capacity FEES: Active limited liability co Administratively dissolve	ompany	TALLAHASSEE, FLORIG	2024 NOV 25 AM 9: 05	

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