L2200360886

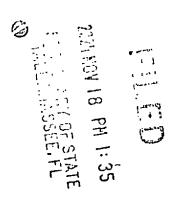
(Re	questor's Name)			
(Address)				
(Ad	dress)	<u>.</u>		
(Cit	y/State/Zip/Phone	 e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OPULENCE MIAMI MANAGEMEN Name of Limited	T LLC Liability Company
DOCUMENT NUMBER: L22000360886	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	itter to the following:
Mariah Escobedo	
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 notif	ication)
For further information concerning this matter, plea	se call:
Mariah Escobedo at (at (1
Name of Person Ar	rea Code Daytime Telephone Number
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: Registration Section	STREET ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Flo	rida Statutes, the undersi	igned,
PARACORP		. 1	hereby resigns as
	Name of Registered Agent	·	The state of the s
Registered Agent for _	PULENCE MIAMI MA	NAGEMENT LLC	
	Name of Limited L	iability Company	·
L22000360886			
Document N	umber, if known		
-			ompany at its last known address.
The agency is terminate	ed and the office discontinu	ed on the 31st day after t	he date on which this statement is filed.
	Sign	ature of Resigning Agent	
If signing on behalf of	an entity:		
	Abby Peterson		
	Typed o	or Printed Name	
	Asst. Secretary for F	aracorp Incorporate	d
	Ca	pacity	

FILING FEES:

\$ 85.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

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