

M07000002006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

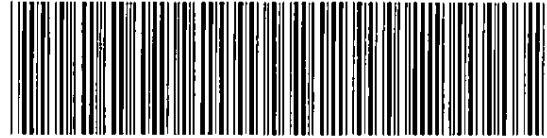
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J DENNIS

AUG 11 2023

Office Use Only



800410817488

05/22/23--01005--019 \*\*25.00

FILED  
SECRETARY OF STATE  
2023 JUN 22 AM 10:08

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PALMS OWNER, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M07000002006

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:

Mae Barba  
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:

Mae Barba at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

