## M14000001961

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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2024 NOV 25 AM 9: 00

## **COVER LETTER**

SUBJECT:\_\_ Name of Limited Liability Company DOCUMENT NUMBER: M14000001961 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: 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 Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company. STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** 

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011:	5, Florida Statutes, the unde	rsigned,			
PARACORP INCO	RPORATED		, hereby resigns as			
	11					
Registered Agent for	RIFT RTO LLC					_
						;
	Name of Lim	ited Liability Company				
M14000001961						
Document N	umber, if known	<del></del>				
A copy of this resignati	on was mailed to the a	above listed limited liability	company at its last	known	addres	s.
The agency is terminate	ed and the office disco	ntinued on the 31st day afte	r the date on which	this sta	tement	is filed
		Signature of Resigning Agent				
If signing on behalf of a	nn entity:					
	Abigale Peterso	n				
	<u>.                                 </u>	yped or Printed Name		TAT:	2024 NOV	
	Asst. Secretary	for Paracorp Incorpora	ted	F.	¥.	77:
		Capacity		TÄLLAHASSEE	N 25	
				EII C		· -
	en mo	#7#7#741			主	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabil	ompany 2d/ voluntarily diss- ity company	ORIGINA ORIGINA	AM 9: 00	

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