M1400000 4224

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COVER LETTER

Division of Corporations SUBJECT: BAYSHORE BEACH CLUB, LLC Name of Limited Liability Company DOCUMENT NUMBER: M14000004224 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: VANESSA FLANAGAN 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: VANESSA FLANAGAN 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Flor	rida Statutes, the under	rsigned,			
PARACORP INCORPORATED			_ , hereby resigns as			
· · ·	Name of Registered Agent		, hereby resigns as			
Registered Agent for _	BAYSHORE BEACH CL	.UB, LLC				-
	Name of Limited Lic	ability Company				·
M14000004224						
Document N	umber, if known					
A copy of this resignat	ion was mailed to the above l	listed limited liability	company at its last k	anown add	dress.	
The agency is terminal	ed and the office discontinue	d on the 31st day after	r the date on which t	his staten	ient i	s filed.
If signing on behalf of	an entity:					
	Abigale Peterson			7.	, <u>2</u>	
	Typed or	Printed Name		TAT LAHAS		
	Asst. Secretary for Pa	aracorp Incorporat	ed		Ξ	
	Сар	netty		tile .	11 PM 4: 25	IMD
	FILING FEES \$ 85.00 Acti \$ 25.00 Adm with	5: ive limited liability con ninistratively dissolve hdrawn limited liabili	ompany ed/voluntarily disso ty company	FLORIDA	₊ : 25	

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

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