M15000006838

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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COVER LETTER

Name	of Limited Liabilit	y Company
DOCUMENT NUMBER: M15000006	838	
The enclosed Resignation of Registered after filing.	Agent for a Limite	d Liability Company and fee are submitted
Please return all correspondence concern	ing this matter to	the following:
Emily Smith		
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 annua	al report notification)	_
For further information concerning this n	natter, please call:	
Emily Smith	800	533-7272 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the unc	dersigned.
PARACORP INCO	DRPORATED	_ , hereby resigns as
	Name of Registered Agent	·
Registered Agent for _	POINT FIVE DEVELOPMENT PALM HA	ARBOR II LLC
	Name of Limited Liability Company	 ,
M15000006838		
Document ?	Number, if known	
A copy of this resignat	ion was mailed to the above listed limited liabilit	y company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day af	her the date on which this statement is filed.
	Signature of Resigning Agent	2021 AUG 23 SESSELANAS TATLANAS
It signing on behalf of	an entity:	T 106 23
	Jody Moua	~ ~ ~
	Typed or Printed Name	See E
	Asst. Secretary for Paracorp Incorpor	· · · · · · · · · · · · · · · · · · ·
	Capacity	28 28
		4)

Make checks payable to Florida Department of State and mail to:

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314