

M15000009334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
DEC -7 2017

*[Handwritten signature]*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CROSS DEVELOPMENT CC VENICE, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M15000009334

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:

KATELYN BEAN

Name of Person

PARACORP INCORPORATED

Name of Firm/Company

PO BOX 160568

Address

SACRAMENTO, CA 95816

City/State and Zip Code

PARACORP@MYPARACORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATELYN BEAN

Name of Person

at 800 533-7272

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**PARACORP INCORPORATED**

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for **CROSS DEVELOPMENT CC VENICE, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**M15000009334**

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

**LETICIA BURLESON**

\_\_\_\_\_  
Typed or Printed Name

**ASST SECRETARY**

\_\_\_\_\_  
Capacity

**FILING FEES:**

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

**FILED**  
**2011 DEC -4 PM 4:29**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 8, 2017

PARACORP INCORPORATED  
KATELYN BEAN  
P.O. BOX 160568  
SACRAMENTO, CA 95816

SUBJECT: CROSS DEVELOPMENT CC VENICE, LLC  
Ref. Number: M15000009334

We have received your document for CROSS DEVELOPMENT CC VENICE, LLC and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 817A00022710

2017 DEC -4 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA