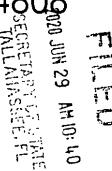
# M16000001761

(Requestor's Na	me)				
(Address)					
(Address)					
(City/State/Zip/P	hone #)				
PICK-UP WAIT	MAIL				
(Business Entity	Name)				
(Document Number)					
Certified Copies Certific	cates of Status				
Special Instructions to Filing Officer	:				
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### COVER LETTER

SUBJECT: CROSS DEVELOPMENT CC PALMETTO,	LLC		
Name of Limited Liability	Company		
DOCUMENT NUMBER: M16000001761			
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are su	bmittec	i
Please return all correspondence concerning this matter to the	ne following:		
Emily Smith			
Name of Person			
PARACORP INCORPORATED			
Name of Firm/Company	•		
2804 Gateway Oaks Dr #100	 თ	202	
Address	TALL CRE	ال 0	~
Sacramento, CA 95833	AH	2020 JUN 29	v=1,7338 v1,7338 g
City/State and Zip Code	25.00 25.00 25.00		
	(13 C 2 (13 C 2)	AH 10: 40	-
E-mail address: (to be used for future annual report notification)		01:	
For further information concerning this matter, please call:	1.1	_	
Emily Smith 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

•	CORPORATED	15, Florida Statutes, the unde				
	Name of Registered Age		, hereby resigns as			
Registered Agent fo	or					
	OPMENT CC PALM	METTO, LLC				
	Name of Lit	mited Liability Company		——·		
M16000001761						
Docume	nt Number, if known					
The agency is termi	nated and the office disc	ontinued on the 31st day after Signature of Resigning Agent	er the date on which this statement	ent is file	ed.	
If signing on behalf	of an entity:					
	Jody Moua		c.	, <u>~</u>		
	<del></del>	Typed or Printed Name	TA TA	020		
	Asst. Secretary	for Paracorp Incorpora	ted En			
		Capacity		2020 JUN 29	4 million Stratified	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily dissolved/	AM 10: 40	C	

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