MILO 00000 5524

(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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D. BRUCE AUG 15 2020

COVER LETTER

SUBJECT:	ed Liability Company
	а главицу Сотрану
DOCUMENT NUMBER: M16000005524	
The enclosed Resignation of Registered Agent for a for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	natter to the following:
Emily Smith	
Name of Person	
PARACORP INCORPORATED	
Name of Firm/Company	
2804 Gateway Oaks Dr #100	DO JU
Address	AA 2
Sacramento, CA 95833	9 AM 10: 40 HASSEE, FL
City/State and Zip Code	
	10000000000000000000000000000000000000
E-mail address: (to be used for future annual report notif	tification)
For further information concerning this matter, plea	ease call:
Emily Smith at (300 533-7272
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 unde	rsigned,	
PARACORP INCORPORATED		, hereby resigns as	
Name of Registered	Agent	, hereby resigns as	
Registered Agent for			
CROSS DEVELOPMENT CC LA	RGO, LLC		
Name o	f Limited Liability Company		<u>'</u>
M16000005524			
Document Number, if known			
A copy of this resignation was mailed to	the above listed limited liability	company at its last known addi	ess.
The agency is terminated and the office d	liscontinued on the 31st day afte	r the date on which this stateme	ent is filed.
 .	Signature of Resigning Agent		
If signing on behalf of an entity:			
Jody Moua			
	Typed or Printed Name		<u> </u>
Asst. Secreta	ary for Paracorp Incorpora	ted Z	7.08 1.08
	Capacity	——————————————————————————————————————	2020 JUN 29
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		S S S	· ·
FILI \$ 85. \$ 25.	NG FEES: OO Active limited liability co OO Administratively dissolve withdrawn limited liabil	ompany ed/ voluntarily dissolved/ 그 ity company	AH IO: 40

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