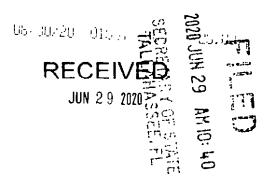
# M1600000 9226

(Requestor's Name)
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PICK-UP WAIT MAIL
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D. BRUCE AUG 15 2020

## **COVER LETTER**

SUBJECT: CROSS DEVELOPMENT CO			
	Limited Liabil	ity Company	
DOCUMENT NUMBER: M16000009226	5 		
The enclosed Resignation of Registered Age for filing.	ent for a Limit	ed Liability Company an	d fee are submitted
Please return all correspondence concerning	this matter to	the following:	
Emily Smith			
Name of Person			
PARACORP INCORPORATED			
Name of Firm/Company		<del></del>	<b>20</b>
2804 Gateway Oaks Dr #100			2020 JUN 29 SECRETARY TALLAHA
Address		_	IN 2
Sacramento, CA 95833			9 - T
City/State and Zip Code			AK IO: 40
E-mail address: (to be used for future annual rep	port notification	<del></del>	· m 0
For further information concerning this matt	er, please call	l:	
Emily Smith	800 at (	533-7272	
Name of Person	Area Coo	de Daytime Telephone Ni	.imber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SECRETARY OF STATE

INHS17 (2/14)

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

Pursuant to the provision	ns of section 605.011.	<ol><li>Florida Statutes, the unde</li></ol>	rsigned,			
PARACORP INCORPORATED		, hereby resigns as				
	,					
Registered Agent for	****					
CROSS DEVELOP	MENT CC PEMB	ROKE PINES, LLC				
	Name of Lim	ited Liability Company			,	
M16000009226						
	mber, if known	<del></del>				
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last kn	own addr	ess.	
The agency is terminated	d and the office disco	ontinued on the 31st day afte	r the date on which the	is stateme	nt is fi	led.
		mb.				
		Signature of Resigning Agent	<del>,</del>			
If signing on behalf of an	n entity:					
	Jody Moua					
	7	yped or Printed Name		 S	202	
	Asst. Secretary	for Paracorp Incorpora	ted	ACRE L	)[	
		Capacity		27	2020 JUN 29	**************************************
				352	؈ٚ	} ;:::
	EH INC	PPPC.		(A)	2	
	<b>FILING</b> \$ 85.00 \$ 25.00	Active limited liability of Administratively dissolve withdrawn limited liabil	ompany ed/ voluntarily dissolv ity company	E Sed Pin Sed	W 10: 40	ال

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