M1700007075

(Red	questor's Name)		
(Āda	dress)		
·	dress)		
(City/State/Zip/Phone #)			
☐ PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to F	iling Officer:		
	J DENNIS		
	AUG 1 1 2023		

Office Use Only



300410945553

06/22/23--01008--012 **25.00

2023 JUN 22 AM 8: 06

JES RETARY OF STATE TO THE STATE OF CORTES TO THE

COVER LETTER

TO: Registration Section Division of Corporations			
	8 110		
SUBJECT: ORO PARKSIDE COLUMN	S, LLO Silvania falia	Company	
	Limited Liability	Company	
DOCUMENT NUMBER: M1700000707	5	<u> </u>	
The enclosed Resignation of Registered Ag for filing.	ent for a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning	g this matter to th	e following:	
MAE BARBA			
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 annual re	eport notification)		
For further information concerning this mat	ter, please call:		
MAE BARBA	800 at (533-7272	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Flo liability company or \$25.00 for an administ liability company.	orida Department ratively dissolve	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the unde	rrsigned.
PARACORP INCO	ORPORATED	, hereby resigns as
	Name of Registered Agent	
Registered Agent for _	ORO PARKSIDE COLUMNS, LLC	
	Name of Limited Liability Company	·
M17000007075		
Document?	Number, if known	
A copy of this resignat	tion was mailed to the above listed limited liability	company at its last known address.
The agency is terminal	ted and the office discontinued on the 31st day after	er the date on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of	an entity:	
	Jody Moua	_
	Typed or Printed Name	···
	Asst. Secretary for Paracorp Incorpora	ted
	Capacity	

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

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