080fc00000f1M

Office Use Only



300410945633

06/22/23--01008--004 **25.00

2023 JUN 22 AM 9: 48 1

HERETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LW CROSS CREEK	, LLC	
		ity Company
DOCUMENT NUMBER: M1700	00007080	
The enclosed Resignation of Regist for filing.	tered Agent for a Limit	ted Liability Company and fee are submitted
Please return all correspondence co	ncerning this matter to	the following:
MAE BARBA		
Name of Person	on	-
PARACORP INCORPORATED		
Name of Firm/Co	mpany	_
2804 Gateway Oaks Dr #100		
Address		_
Sacramento, CA 95833		
City/State and Zip	_	
E-mail address: (to be used for future	e annual report notification)
For further information concerning	this matter, please cal	l:
MAE BARBA	at (533-7272 de Daytime Telephone Number
Name of Person	Area Co	de Daytime Telephone Number
Enclosed is a check made payable thability company or \$25.00 for an aliability company.	o the Florida Departm administratively dissol	ent of State for \$85.00 for an active limited ved, voluntarily dissolved or withdrawn limited

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 provis	sions of section 605,011	5. Florida Statutes, the unde	rsigned,		
PARACORP INCORPORATED		, hereby resigns as			
Name of Registered Agent			· ····································		
Registered Agent for	LW CROSS CREE	K, LLC			
	Name of Lin	ited Liability Company			
M17000007080					
Document	Number, if known				
A copy of this resigna	ation was mailed to the a	above listed limited liability	company at its last known	n address.	
The agency is termina	ated and the office disco	ntinued on the 31st day after	r the date on which this st	atement is	i filed.
If signing on behalf o	f an entity:			حي	
Jody Moua			2023 JUN 22	41	
	Typed or Printed Name		Ę	: <u>A</u>	
Asst. Secretary for Paracorp Incorporated		ted	22		
Capacity		-	A	구 작 민준 민준	
					35
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liability	ed/ voluntarily dissolved/	9: 48	AIE.

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