M18000001000

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GOTTLIEB LEHIGH ACRES LL	C	
	nited Liability Company	
DOCUMENT NUMBER: M18000006076		
The enclosed Resignation of Registered Agent for filing.	for a Limited Liability Company and fi	ee are submitted
Please return all correspondence concerning thi	s matter to the following:	
BECKY VANG		
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 report	notification)	
For further information concerning this matter.	please call:	
BECKY VANG	(800) 533-7272 Area Code Daytime Telephone Numb	
Name of Person	Area Code Daytime Telephone Numb	er
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department of State for \$85.00 for an ely dissolved, voluntarily dissolved or	active limited withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:	

Registration Section Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Registration Section
Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the prov	risions of section 605.0115. Florida Statut	es, the undersigned,
PARACORP IN	CORPORATED	. hereby resigns as
	Name of Registered Agent	. hereby resigns as
Registered Agent fo	GOTTLIEB LEHIGH ACRES LL	C
	Name of Limited Liability Comp	pany ,
M18000006076		
Documer	nt Number, if known	
		ted liability company at its last known address. Ist day after the date on which this statement is file
<i>C ,</i>	Signature of Resi	_
If signing on behalf	of an entity:	
	Ah:	
	Abigale Peterson	
	Abigate Peterson Typed or Printed Nam	ne

FILING FEES:

\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ withdrawn limited liability company

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