

M18000010799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

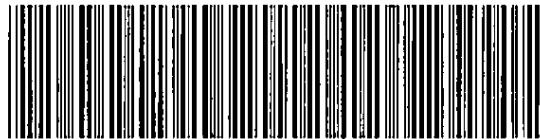
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



300416755363

10/03/23--01018--016 • \$25.00

2023 OCT - 3 PM 4:20

F.I.L.E.D

Office Use Only

✓

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRISA RESIDENCES, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: M18000010799

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANPREET KAUR

Name of Person

PARACORP INCORPORATED

Name of Firm/Company

PO BOX 160568

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:

MANPREET KAUR _____ at (800) 533-7272
Name of Person _____ 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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 undersigned,

PARACORP INCORPORATED

Name of Registered Agent

_____, hereby resigns as

Registered Agent for **BRISA RESIDENCES, LLC**

Name of Limited Liability Company

M18000010799

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

0075

Signature of Resigning Agent

If signing on behalf of an entity:

ABIGALE PETERSON

Typed or Printed Name

Asst. Secretary

Capacity

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

2023 OCT -3 PH 4:20

Make checks payable to Florida Department of State and mail to:

Division of Communications

Section of Corporate R.O. Reg. 6337

PA. BOX 6527
Tallahassee, FL 32311