M18000010800

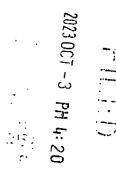
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone i	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	<u> </u>
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
	<u></u>	

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	JECT: BEACON RESIDENCES, LLC		
		Liability (Company
DOC	UMENT NUMBER: M18000010800	<u>.</u>	<u> </u>
The e for fil	nclosed Resignation of Registered Agent for a ing.	L.imited	Liability Company and fee are submitted
Please	e return all correspondence concerning this mat	iter to the	e following:
MAN	IPREET KAUR		
	Name of Person		
PAR	ACORP INCORPORATED		
	Name of Firm/Company		
PO E	3OX 160568		
	Address		
Sacr	amento, CA 95833		
	City/State and Zip Code		
	-mail address: (to be used for future annual report notifi	cation)	
For fi	urther information concerning this matter, pleas	se call:	
MAN	Name of Person at (Are	0 ,	533-7272
	Name of Person Are	ea Code	Daytime Telephone Number
liabili	osed is a check made payable to the Florida Depity company or \$25.00 for an administratively city company.	oartment lissolved	of State for \$85.00 for an active limited, voluntarily dissolved or withdrawn limited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 provisions of section	on 605.0115,	Florida Statutes, the unde	ersigned,			
PARACORP INCORPORAT	ΓED		hereby resigns as			
	gistered Agent		nereoy resigns us			
Registered Agent for BEACON	RESIDENC	CES, LLC				
ì	Name of Limited	d Liability Company				
M18000010800						
Document Number, if know	MTI					
A copy of this resignation was mai	led to the abo	ve listed limited liability	company at its last k	nown ad	dress.	
The agency is terminated and the o	office disconti	nued on the 31st day afte	er the date on which th	his stater	nent is f	iled.
	S	ignature of Resigning Agent				
If signing on behalf of an entity:						
ABIGAL	LE PETERS	SON			2	
Acat Co		d or Printed Name			2023 OCT	·····
ASSI. SE	ecretary	Capacity				د ه مین ده سیم
		Cognitive			ယ်	<u>!</u>
				. 1	PH	
	FILING FF \$ 85.00 / \$ 25.00 /	EES: Active limited liability c Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily dissol ity company	ved/	PH 4: 20	**************************************

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