21000016578

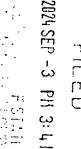
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer.				
	J. HORNE SEP - Y 2024			
	SEP - y 2024			

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: ROLLING CREEK PLANTATION, LLC Name of Limited Liab	
		inty Company
	UMENT NUMBER: M21000016578	
The er	nclosed Resignation of Registered Agent for a Liming.	ited Liability Company and fee are submitted
Please	return all correspondence concerning this matter	o the following:
Rach	el Schott	
	Name of Person	
PARA	ACORP INCORPORATED	
	Name of Firm/Company	
2804	Gateway Oaks Dr #100	
	Address	<u> </u>
Sacra	amento, CA 95833	
	City/State and Zip Code	
E	-mail address: (to be used for future annual report notification	n)
For fu	rther information concerning this matter, please ca	ll:
Rach	el Schott at (800 Name of Person Area Co	533-7272
	Name of Person Area Co	ode Daytime Telephone Number
Enclo liabili liabili	sed is a check made payable to the Florida Departr ty company or \$25.00 for an administratively disso ty company.	nent of State for \$85.00 for an active limited slved, voluntarily dissolved or withdrawn limited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 AGENTS FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned. PARACORP INCORPORATED ___, hereby resigns as Name of Registered Agent Registered Agent for ROLLING CREEK PLANTATION, LLC Name of Limited Liability Company M21000016578 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. Signature of Resigning Agent If signing on behalf of an entity: ABIGALE PETERSON Typed or Printed Name Asst. Secretary for Paracorp Incorporated

Capacity

Active limited liability company
Administratively dissolved/ voluntarily 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

COVER LETTER

SUBJECT:ROLLING CREEK PLANTATION, LLC				
Name of Limited Liability Company				
DOCUMENT NUMBER: M21000016578				
The enclosed Resignation of Registered Agent for filing.	for a Limited Liability Company and fee are submitted			
Please return all correspondence concerning th	nis matter to the following:			
Rachel Schott				
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	rt notification)			
For further information concerning this matter	, please call:			
Rachel Schott	800 533-7272			
Name of Person	at (800) 533-7272 Area Code Daytime Telephone Number			
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administrat liability company.	da Department of State for \$85.00 for an active limited ively dissolved, 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			

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.	0115, Florida Statutes, the und	ersigned,
PARACORP INCORPORATED		_ , hereby resigns as
Name of Registered	_	
Registered Agent for ROLLING CREE	EK PLANTATION, LLC	
		32 S
Name of	Limited Liability Company	
M21000016578		
Document Number, if known		
A copy of this resignation was mailed to	the above listed limited liability	y company at its last known address.
The agency is terminated and the office d	iscontinued on the 31st day aft	er the date on which this statement is filed.
	07	
	Signature of Resigning Agent	
If signing on behalf of an entity:		
ABIGALE PE	TERSON	
	Typed or Printed Name	
Asst. Secreta	ary for Paracorp Incorpora	ated
	Capacity	

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