# M22000004847

(Requestor's Name)
(Address)
(Address)
(10000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming officer.

Office Use Only



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### **COVER LETTER**

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800	533-7272		
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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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 605.0	1115, Florida Statutes,	the undersigned,		
PARACORP INCORPORATED		, hereby resigns as		
Name of Registered A				
Registered Agent for ORANGE CIRCL	E INTERNATION	AL, LLC		
Name of I	Limited Liability Company	y	·	
M22000004847				
Document Number, if known				
A copy of this resignation was mailed to th	ne above listed limited	liability company at its last known add	ress.	
The agency is terminated and the office dis	scontinued on the 31st	day after the date on which this statement	ent is file	ed.
	Signature of Resignii	ng Agent		
If signing on behalf of an entity:			2023	SIAIG
ABIGALE PET	TERSON		2023 OCT 16	7.015 . 1.45
	Typed or Printed Name	<del></del>	=	유된
Asst. Secretar	ry			CS 7.
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<u>FILIN</u> \$ 85.00	G FEES:	ahilitu aamaan		
\$ 83.00	0 Administratively withdrawn limit	ability company dissolved/ voluntarily dissolved/ ed liability company		

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