M220000/3096

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: HARBUR HOLDINGS LLC Name of Limite	od Linkilia	Company	
DOCUMENT NUMBER: M22000013096	ed Clabinty		
	 -		
The enclosed Resignation of Registered Agent for for filing.	a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning this n	natter to th	e following:	
Rebekka Eiben			
Name of Person			
PARACORP INCORPORATED			
Name of Firm/Company			
2804 Gateway Oaks Dr #100			
Address			
Sacramento, CA 95833			
City/State and Zip Code			
reiben@myparacorp.com			
E-mail address: (to be used for future annual report no	tification)		
For further information concerning this matter, ple	ease call:		
Rebekka Eiben	800	533-7272 Daytime Telephone Number	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Florida Eliability company or \$25.00 for an administrative liability company.	Department y dissolved	of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	=	T ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the under	rsigned,
PARACORP INCO	RPORATED	, hereby resigns as
	Name of Registered Agent	· morari a samiliare m
Registered Agent for H	ARBUR HOLDINGS LLC	
	Name of Limited Liability Company	·
M22000013096		
Document No	umber, if known	
A copy of this resignation	on was mailed to the above listed limited liability	company at its last known address.
The agency is terminate	d and the office discontinued on the 31st day after	r the date on which this statement is filed.
	Signature of Resigning Agent	2025 JAN - 2 SECRETAR TALLAH
If signing on behalf of a	in entity:	A P
	Abigale Peterson	ίν ^π . •===
	Typed or Printed Name	m · 🗷 🚐
	Asst. Secretary for Paracorp Incorporat	ted 72 23
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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