Ma200001435

(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		





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09/03/24--01007--012 **85.00

FILED 2024 SEP -3 PM 3: 3

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: REGAL OB RESIDENCES, LL	.C	
Name of Li	imited Liability Company	
DOCUMENT NUMBER: M22000016435		
The enclosed Resignation of Registered Agent for filing.	t 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 repo	rt notification)	
For further information concerning this matter	r, please call:	
Rachel Schott	at (800) 533-7272 Area Code Daytime Telephone Number	
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check made payable to the Floridiability company or \$25.00 for an administrational liability company.	da Department of State for \$85.00 for an active limited lively dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

3

Pursuant to the provisions	of section 605.0115, Florida Statutes, the unc	dersigned.	The state of
PARACORP INCOR	PORATED	_ , hereby resigns as	
	rame of Registered Agent	_ (
Registered Agent for RE	GAL OB RESIDENCES, LLC		
	Name of Limited Liability Company		
M22000016435			
Document Num	ber, if known		
A copy of this resignation	was mailed to the above listed limited liabilit	y company at its last ki	nown address.
The agency is terminated	and the office discontinued on the 31st day af	ter the date on which th	is statement is filed.
	02/7		
_	Signature of Resigning Agent	<u> </u>	
If signing on behalf of an	entity:		
,	ABIGALE PETERSON		
_	Typed or Printed Name		
,	Asst. Secretary for Paracorp Incorpor	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

COVER LETTER

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MAILING ADDRESS: Registration Section	STREET ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32301

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Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Stat	utes, the undersigned,
PARACORP INCORPORATED	. hereby resigns as
Name of Registered Agent	. Hereby resigns as
Registered Agent for REGAL OB RESIDENCES, LL	.c
	جن آب
Name of Limited Liability Co	mpany 6
M22000016435	
Document Number, if known	
A copy of this resignation was mailed to the above listed lin	nited liability company at its last known address.
The agency is terminated and the office discontinued on the	e 31st day after the date on which this statement is filed.
ar:	7
Signature of Re	esigning Agent
If signing on behalf of an entity:	
ABIGALE PETERSON	
Typed or Printed N	Vame
Asst. Secretary for Paracor	p Incorporated
Capacity	

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