M21000019023

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations			•		
SUBJECT: C3 - CATERING, LLC	of Limi	ted Liability	Company		
DOCUMENT NUMBER: M22000019					
The enclosed Resignation of Registered A for filing.	Agent fo	or a Limited	Liability Company and fee are submitted		
Please return all correspondence concerni	ng this	matter to th	ne following:		
VANESSA FLANAGAN					
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 annua	l report r	otification)			
For further information concerning this m	atter, p	lease call:			
VANESSA FLANAGAN	at (,800	533-7272		
Name of Person	(Area Code	Daytime Telephone Number		
Enclosed is a check made payable to the liability company or \$25.00 for an adminitiability company.	Aorida Strative	Department dy dissolved	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:			ET ADDRESS:		
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 E:	xecutive Center Circle		

Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011.	5, Florida Statutes, the under	rsigned.			
PARACORP INCORPORATED hereby re		, hereby resigns as				
	Name of Registered Ager	nt	,			
Registered Agent for C	3 - CATERING, L	LC				_
	Name of Lim	nited Liability Company				
M22000019023						
Document Nu	mber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last l	known a	nddress	٠.
The agency is terminated	d and the office disco	ontinued on the 31st day after	r the date on which (this stat	iement	is filed
		215				
		Signature of Resigning Agent		=1	20	
If signing on behalf of a	n entity:				24 J	
	Abigale Peterso	n		TALLAHÁSSEELFLORIO	2024 JUL 11 PM 4: 14	1 ,
	T	yped or Printed Name		355,	_	
	Asst. Secretary	for Paracorp Incorporat	ied	in.	PH	} : {
		Capacity		0.	÷.	
				RIFA	1	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany d/ voluntarily disso ty company	olved/		

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