## N9900005507

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JUE 27 S. PRATHER

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: SV/JUPITER PROPERTIES, INC. (Name of Corporation)
SUBJECT: (Name of Corporation)
POGLIMENT NUMBER. N99000003507
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rebekka Eiben
(Name of Person)
PARACORP INCORPORATED
(Name of Firm/Company)
PO BOX 160568
(Address)
SACRAMENTO CA 95833
(City/State and Zip Code)
For further information concerning this matter, please call:
Rebekka Eiben at (800) 533.7272  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active of \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.	1509.	
Florida Statutes, the undersigned, PARACORP INCORPORATED  (Name of Registered Agent)		
(Name of Registered Agent)		
hereby resigns as Registered Agent for SV/JUPITER PROPERTIES	, INC.	
(Name of Corporation)		_
N9900003507		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known. The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.		
(Signature of Resigning Agent)		
If signing on behalf of an entity:	<u>`</u>	29
Abigale Peterson	<u></u> ;	2024 JUL
(Typed or Printed Name)	6.	JI.
ASST. SECRETARY FOR PARACORP INCORPORATED	65 1 1 1 1	Ē:
(Capacity)	<u>D</u> .	ري رخ

## Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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