

P14 0000 38456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

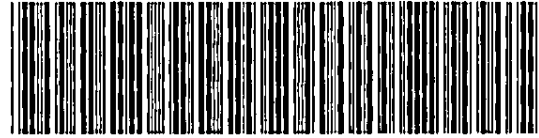
(Business Entity Name)

(Document Number)

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*Resignation  
of RA*

07/26/21--01014--015 \*\*35.00

2021 JUL 26 AM 10:23  
SECRETARY OF STATE  
CLERK ASSISTANT

FILED

AUG 12 2021  
A RAMSEY

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FSP MANAGEMENT INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P14000038456

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:

Emily Smith

(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:

Emily Smith

(Name of Person)

at ( 800 ) 533.7272

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

NOV 26 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, PARACORP  
(Name of Registered Agent)

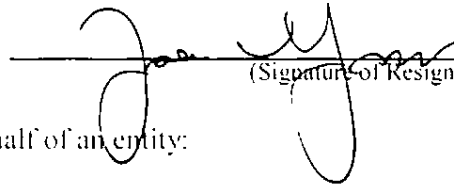
hereby resigns as Registered Agent for FSP MANAGEMENT INC.  
(Name of Corporation)

P14000038456

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

JOSE GOMEZ

(Typed or Printed Name)

ASST. SECRETARY FOR PARACORP

(Capacity)

**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