

ma1000000720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

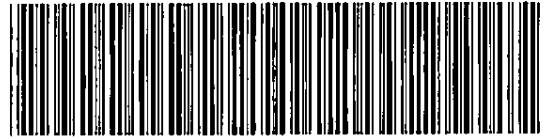
(Business Entity Name)

(Document Number)

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2023 MAY -1 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

RA Resignation

JUL 27 2023

D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SHAPIRO SPORTS & ENTERTAINMENT LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M21000000720

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leticia Herrera  
Name of Person

PARACORP INCORPORATED  
Name of Firm/Company

2804 GATEWAY OAKS DRIVE #100  
Address

SACRAMENTO, CA 95833  
City/State and Zip Code

lburleson@myparacorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leticia Herrera at (888) 272-3725  
Name of Person Area Code Daytime Telephone Number

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SECRETARY OF STATE  
TALLAHASSEE

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

PARACORP INCORPORATED, hereby resigns as  
Name of Registered Agent

Registered Agent for SHAPIRO SPORTS & ENTERTAINMENT LLC

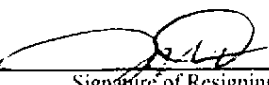
Name of Limited Liability Company

M21000000720

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

JODY MOUA

Typed or Printed Name

ASST. SECRETARY FOR PARACORP INCORPORATED

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

FILED  
2023 MAY -1 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FL