

L15000130457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

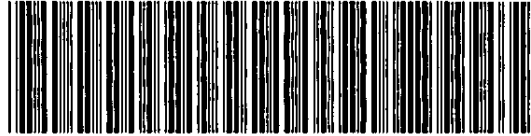
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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EXAMINER
DEC -9 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BK EXHIBIT SOLUTIONS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000130457

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:

PAUL W. EDEN
Name of Person

NORTHSTAR EXHIBIT SERVICES, INC.
Name of Firm/Company

12103 NW 47TH MANOR
Address

CORAL SPRINGS, FL 33076-2236
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL W. EDEN at (954) 816-2642
Name of Person Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

PAUL W. EDEN

Name of Registered Agent

, hereby resigns as

Registered Agent for **BK EXHIBIT SOLUTIONS, LLC**

Name of Limited Liability Company

L15000130457

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:

PAUL W. EDEN

Typed or Printed Name

VICE PRESIDENT NSES, INC.

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**

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE