L18000099006

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TO: Registration Section Division of Corporation	ons			
SUBJECT: BDM Wholesale	e, LLC			
SUBJECT:	Name of Limit	ted Liability	Company	
DOCUMENT NUMBER: L	18000099006		<u>,, , , , , , , , , , , , , , , , , , ,</u>	
The enclosed Resignation of for filing.	Registered Agent fo	or a Limited	Liability Company and fee are submitted	
Please return all corresponder	ace concerning this	matter to th	e following:	
United States Corporation	Agents, Inc.			
Name o	of Person			
Legalzoom.com, inc.				
Name of Fi	rm/Company			
101 North Brand Blvd. 11t	h Floor			
Ado	dress			
Glendale, CA 91203				
City/State a	and Zip Code			
raresignations@legalzoon	n.com			
E-mail address: (to be used fo	or future annual report n	otification)		
For further information conce	erning this matter, p	lease call:		
Kasandra Lund	at (1 800	773-0888 x3951	
Name of Perso	n ar (Area Code) Daytime Telephone Number	
Enclosed is a check made pay liability company or \$25.00 filiability company.	zable to the Florida or an administrative	Department ly dissolve	of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited	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 Executive Center Circle		

Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115. Florida Statutes, the under	signed.	
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as	
	Name of Limited Liability Company	······································	
L18000099006			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited liability o	company at its last known address.	
The agency is termina	ated and the office discontinued on the 31st day after	the date on which this statement is filed.	
	Signature of Resigning Agent		
H'signing on behalf o	f an entity:		
	المعارب		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Age	ents, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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