# EIRLICOOLLA

| (Re                     | equestor's Name)       |         |  |  |  |
|-------------------------|------------------------|---------|--|--|--|
| (Ac                     | ddress)                |         |  |  |  |
| (Ad                     | idress)                |         |  |  |  |
| (Cit                    | ty/State/Zip/Phone     | e #)    |  |  |  |
| PICK-UP                 | ☐ WAIT                 | MAIL    |  |  |  |
| (Bu                     | usiness Entity Nan     | <br>ne) |  |  |  |
| (                       | ,                      | ,       |  |  |  |
| (Do                     | ocument Number)        |         |  |  |  |
| Certified Copies        | Certificates of Status |         |  |  |  |
| Special Instructions to | Filing Officer:        |         |  |  |  |
|                         |                        |         |  |  |  |
|                         |                        |         |  |  |  |
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### **COVER LETTER**

**TO:** Registration Section Division of Corporations

| SUBJECT: Bay30A Property Mana                                                |                                                |
|------------------------------------------------------------------------------|------------------------------------------------|
| Name of Limited Lia                                                          | ability Company                                |
| DOCUMENT NUMBER: L22000212813                                                |                                                |
| The enclosed Resignation of Registered Agent for a Li for filing.            | mited Liability Company and fee are submitted  |
| Please return all correspondence concerning this matte                       | r to the following:                            |
| United States Corporation Agents, Inc.                                       |                                                |
| Name of Person                                                               | <del></del>                                    |
| Legalzoom.com, Inc.                                                          |                                                |
| Name of Firm/Company                                                         |                                                |
| 9900 Spectrum Dr.                                                            |                                                |
| Address                                                                      |                                                |
| Austin, TX 78717                                                             |                                                |
| City/State and Zip Code                                                      | <del></del>                                    |
| raresignations@legalzoom.com                                                 |                                                |
| E-mail address: (to be used for future annual report notificat               | ion)                                           |
| For further information concerning this matter, please of                    | rall:                                          |
| at (                                                                         | 773-0888 Z Z Z                                 |
| Name of Person Area G                                                        | Code Daytime Telephone Number                  |
| Enclosed is a check made payable to the Florida Depar                        | tment of State for \$85.00 for an active-timed |
| liability company or \$25.00 for an administratively dissiliability company. |                                                |
| memy tempung.                                                                | <b>元 10</b>                                    |

### 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 provision              | ns of section 605.011                              | 5, Florida Statutes, the unde                                                         | rsigned,                              |                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------|--------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| United States Corporation Agents, Inc. |                                                    | , hereby resigns as                                                                   |                                       |                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name of Registered Agent               |                                                    |                                                                                       |                                       |                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Registered Agent for B                 | ay30A Property N                                   | Management, LLC                                                                       |                                       |                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        | Name of Lin                                        | nited Liability Company                                                               |                                       |                    | <u> </u>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| L22000212813                           |                                                    |                                                                                       |                                       |                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Document Nu                            | imber, if known                                    |                                                                                       |                                       |                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A copy of this resignation             | on was mailed to the a                             | above listed limited liability                                                        | company at its last kn                | iown addre         | ess.        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The agency is terminated               | d and the office disco                             | ontinued on the 31st day afte                                                         | r the date on which th                | is stateme         | nt is fil   | ed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                        |                                                    | au                                                                                    |                                       |                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        |                                                    | Signature of Resigning Agent                                                          |                                       |                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| If signing on behalf of a              | n entity:                                          |                                                                                       |                                       |                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        | Cheyenne Moseley                                   |                                                                                       |                                       | (A)                | 202         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        | Typed or Printed Name                              |                                                                                       |                                       | - To               | 2023 KAR 27 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        | Asst. Secretary for United States Corporation Agen |                                                                                       | ents, Inc.                            |                    | 20          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        | -                                                  | Capacity                                                                              |                                       | 三                  | 27          | Transfer of the Party of the Pa |
|                                        |                                                    |                                                                                       |                                       | 900<br>000         | 7           | [7]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                        |                                                    |                                                                                       |                                       | <sup>ျက်</sup> တို | =           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        | <u>FILING</u><br>\$ 85.00                          | FEES: Active limited liability or                                                     | ompany                                | 그램                 | AK II: 40   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        | \$ 25.00                                           | Active limited liability co<br>Administratively dissolve<br>withdrawn limited liabili | ed/voluntarily dissolv<br>ity company | ved/               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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