Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000148289 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone

: (845)425-0077

Fax Number

: (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ema11	Address:		

LLC REGISTERED AGENT RESIGNATION **BRIGHTSTONE FORT MYERS, LLC**

Certificate of Status	0
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BRIGHTSTONE FORT	
Nam	e of Limited Liability Company
DOCUMENT NUMBER: M1500000	0091
The enclosed Resignation of Registered for filing.	Agent for a Limited Liability Company and fee are submitted
Please return all correspondence concern	ning this matter to the following:
Jemima Abreu	
Name of Person	
Vcorp Services	
Name of Firm/Compan	у
25 Robert Pitt Dr. Suite 20	04
Address	
Monsey, NY 10952	
City/State and Zip Cod	С
jabreu@vcorpservices.com E-mail address: (to be used for future annu	al report notification)
For further information concerning this	matter, please call:
Jemima Abreu	at (845) 425-0077 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the liability company or \$25.00 for an admiliability company.	Florida Department of State for \$85.00 for an active limited nistratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

INHS17 (2/14)

05/03/2019 16:49 P.003/003 (FAX)845 818 3588

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

			19 F
Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unc	lersigned,	10000000000000000000000000000000000000
VCORP SERVICES	, LLC	, hereby resigns as	50 W
	Name of Registered Agent	_, neterly lesigns as	三 三 二
Registered Agent for _	BRIGHTSTONE FORT MYERS, LLC		MIII TO
	Name of Limited Liability Company		2 REP. 12
M1500000 Document N	10091 Tumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liabilit	y company at its last kn	own address.
The agency is terminat	ed and the office discontinued on the 31st day af	ter the date on which thi	is statement is filed.
•	Jol .		
	Signature of Resigning Agent		
If signing on behalf of	an entity:		
	Anthony Palazzo		
	Typed or Printed Name	_ .	
	Assistant Secretary		
	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