12000149079

(Re	questor's Name)	•		
(Address)				
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



700249834247

07/18/13--01025--009 **55.00

FILED

BECRETARY OF STATE

JUL 19 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Business Administrative Group LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Vic Spagnuolo

(Contact Person)

Business Administrative Group LLC

(Firm/Company)

1615 S Congress Ave Suite 103

(Address)

Delray Beach, FL 33445

(City/State and Zip Code)

For further information concerning this matter, please call:

Debbi Hager

_{at} 561

346-6998

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

□ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	mited liability company as it ness Administrative Gro	appears on the records of the Flori	•
2. This limited liabiling Florida	ity company was organized u	nder the laws of:	SECRETARY C
3. The Florida docum L1200014907	-	nis limited liability company is:	FSTATE
4. I, Martin M We	rner ne of Person Resigning)	, hereby resign as a Managing	Member (1994)
	lity company and affirm the I	imited liability company has been	
Signature of Resign	ning Member, Maging Me	mber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)