# L01000004984

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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

BAINBRIDGE DEVELOPMENT GROUP LLC SUBJECT:	
Name of Limited Liability	v Company
DOCUMENT NUMBER: 1.01000004984	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
JEFFREY A. DEUTCH	
Name of Person	-
Nelson Mullins Riley & Scarborough LLP	
Name of Firm/Company	-
1905 NW Corporate Boulevard, Suite 310	
Address	-
Boca Raton, FL 33431	
City/State and Zip Code	-
jeffrey.deutch@nelsonmullins.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Jeffrey A. Deutch 561	343-6960
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 60	5.0115, Florida Statutes, the u	ndersigned,
Jeffrey A, Deutch P.A.			, hereby resigns as
	Name of Register	ed Agent	
Registered Agent for	BAINBRIDGE DI	EVELOPMENT GROUP LLC	
	Name	of Limited Liability Company	·
1.01000004984			
Document	Number, if known		
A copy of this resigna	ition was mailed to	o the above listed limited liabi	lity company at its last known address.
The agency is termina	ited and the office	discontinued on the 31st day	after the date on which this statement is filed.
		Signature of Resigning Age	ent
If signing on behalf of	f an entity:		·
	Jeffrey A. Deu	ıch	
		Typed or Printed Name	<del></del>
	President		
		Capacity	<del></del>

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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