

(Requestor's Name)		
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(Business Entity Name)	10, 10	<u> </u>
(Document Number)		
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Braddock	(II, LLC				
SUBJECT.	Name of Limited	Liability Con	npany			
DOCUMENT NUMBER:_	L03000	046662				
The enclosed Resignation of larger filing.	Registered Agent for a	Limited Lia	bility Comp	pany and fee	are sub	mitted
Please return all corresponder	nce concerning this ma	itter to the fo	llowing:			
Kaitie S	Sperry					
Name o	f Person					
Corporate	Direct, Inc.					
Name of Fi	rm/Company					
2248 Meridi	an Blvd., Ste H					
Ado	Iress					
Minden,	NV 89423					
City/State a	nd Zip Code					
info@corpo	ratedirect.com					
E-mail address: (to be used for	r future annual report notif	fication)				
For further information conce	rning this matter, plea	se call:		 75	23	
Kaitie Sperry	at (775 78 rea Code Da	2-2201	- 	[]30 MEZ	77
Name of Perso	n Ai	rea Code Da	ytime Telep	hone Numbe	*	5
Enclosed is a check made pay liability company or \$25.00 feliability company.	able to the Florida De or an administratively	partment of dissolved, v	State for \$8 oluntarily d	5.00 for an issolved or	o active li withdra 22	mited wn limited
MAILING ADDRESS:		STREET A	1	:		
Registration Section		Registration	1			
Division of Corporations		Division of		ns		
P.O. Box 6327		Clifton Bui	- 1			
Tallahassee, FL 32314		2661 Execu	1			
		Tallahassee	e, FL 32301			

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115. Florida Stat	utes, the undersigned,		
Gerri Detweiler		resigns as		
	Name of Registered Agent		resigns as	
Registered Agent for	Braddock II, LLC	<u> </u>		
	Name of Limited Liability Co	mpany		·
L03000	046662			
Document Nu	mber, if known			
A copy of this resignation	n was mailed to the above listed lin	 nited liability compan 	y at its last known addi	ress.
The agency is terminated	and the office discontinued on the	31st day after the date	on which this stateme	ent is filed
	Herri Detree Signature of Ro	esigning Agent	_	
If signing on behalf of a	entity:			
	Gerri Detwei	ler		
	Typed or Printed N	lame	_ :	
	Registered Ag	jent		****
	Capacity		2317 OCT TO P	
	\$ 25.00 Administra	ted liability company tively dissolved/ volu limited liability comp	ntarily dissolved/	
	Make checks payable to Florida L Division of C P.O. Bo	orporations	 mail to: 	

Tallahassee, FL 32314