104000001953

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Na	me)			
<u>LO4-</u>	053 ocument Number				
(Do	ocument Number)			
Certified Copies	Certificate	s of Status			
Special Instructions to	Filing Officer:				
112	PA	Res.			
Una	While)			
	Office Use Or	าไV			



700063497017

01/12/06--01034--005 **25.00

65.0012 /115:87

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: B & K Drywall, LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: L04000001953
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Karin G Nelson
(Name of Person)
Professional Tax Consultants, Inc.
(Name of Firm/Company)
112 Avenue E, SW
(Address)
Winter Haven, FL. 33880
(City/State and Zip Code)
For further information concerning this matter, please call:
Karin G Nelson at (863) 294-5462 (Area Code & Daytime Telephone Number)
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

INHS17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416(2) or 60	08.509, Florida Statutes, the undersig	med,		
Professional Tax Consultants, Inc.		hereby resigns	, hereby resigns as		
	(Name of Registered Agent)	,, ,			
Registered Agent for _	B & K Drywall, LLC				
	(Name of Limited Liab	oility Company)			.5
L04000001953					
(Document Nu	mber, if known)				
A copy of this resignat	ion was mailed to the above lis	sted limited liability company at its la	st known ad	ldress.	
If signing on behalf of		Melson Resigning Agent)	إحسر	-	
in signing on oction of	Karin G. Nels	on	2.) 5	
	(Typed or F Treasurer	Printed Name)	Allows and		
	(Сарас	oity)	. ELGKIDA	H 9: 37	75 F31
	FILING FEES: \$ 85.00 Active \$ 25.00 Admin withd	e limited liability company nistratively dissolved/ voluntarily di Irawn limited liability company	issolved/		

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