

204000027058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

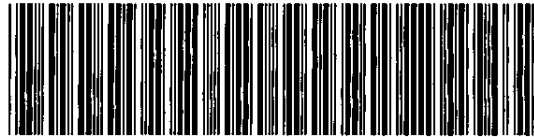
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 JAN 10 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA Res
KRC
1/15/08

A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411
PHONE 866.703.8828 FAX 561.202.8082
EMAIL regagentservices@yahoo.com

JAN 7, 2008

TO: FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

ENCLOSED IS A RESIGNATION OF REGISTERED AGENT FOR
A LIMITED LIABILITY COMPANY, BNP INVESTMENTS
PROPERTIES, LLC AND A CHECK FOR \$85.00 FOR THE
FILING FEE.

PLEASE SEND THE DOCUMENTS TO:
A1A REGISTERED AGENT INC.
C/O: TINA MAKI
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ME
AT 866.703.8828.

THANK YOU,
TINA MAKI, PRES.
A1A REGISTERED AGENT INC.

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

A1A REGISTERED AGENT INC., hereby resigns as
(Name of Registered Agent)

Registered Agent for BNP INVESTMENT PROPERTIES, LLC

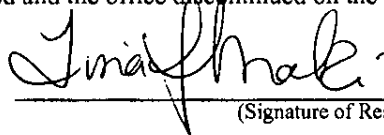
(Name of Limited Liability Company)

L04000027058

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

TINA MAKI

(Typed or Printed Name)

PRESIDENT

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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TALLAHASSEE, FLORIDA