104000086509

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Wills			





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COVER LETTER

SUBJECT: Name of Limited L	iability Company
DOCUMENT NUMBER: L04000086509	
The enclosed Resignation of Registered Agent for a I for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this matt	er to the 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, PL 33431	
City/State and Zip Code	
jeffrey.deutch@nelsonmullins.com	
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please	e call:
Jeffrey A. Deutch 561	343-6960
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

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 605.0115, Fiorida	a Statutes, the undersigned,		
Jeffrey A. Deutch P.A.		, hereby resigns as		
	Name of Registered Agent			
Registered Agent for	BAINBRIDGE LAUREL HOLDI	NGS LLC		
	Name of Limited Liabi	lity Company	·	
1.04000086509				
Document	Number, if known			
A copy of this resigna	tion was mailed to the above list	ted limited liability company at its la	st known address.	
The agency is termina	ted and the office discontinued of	on the 31st day after the date on which	ch this statement is filed.	
	- Xha	of Resigning Agent	FILL AUG 28	
If signing on behalf of	an entity:			
	Jeffrey A. Deutch		AM 10: 45	
	Typed or Pr	inted Name	意制 5	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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