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(Requ	estor's Name)			
(Addre	ess)			
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(City/S	state/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
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COVER LETTER

BAINBRIDGE LAUREL INVESTMENTS LLC	
SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L04000086530	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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	
jetfrey.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 at (343-6960 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provisi	ions of section 605.0115,	Florida Statutes, the unde	rsigned,	
Jeffrey A. Deutch P.A.			, hereby resigns as	
	Name of Registered Agent		· · · · · · · · · · · · · · · · · · ·	
Registered Agent for	BAINBRIDGE LAUREL I	INVESTMENTS LLC		
	Name of Limite	ed Liability Company		·
1.04000086530				
Document	Number, if known			
A copy of this resigna	tion was mailed to the ab	ove listed limited liability	company at its last kr	nown address.
The agency is termina	ted and the office discont	tinued on the 31st day afte	r the date on which th	is statement is filed.
		Signature of Resigning Agent		PIL AUG 28
If signing on behalf of	an entity:	1		1 II
	Jeffrey A. Deutch			AH 10: 41
	Туг	ped or Printed Name		翌 二
	President			om —
		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