

## Florida Department of State Division of Corporations

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Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722 Phone

: (407)422-6583

Fax Number

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## REGISTERED AGENT RESIGNATION

BBA REAL ESTATE DEVELOPMENT GROUP, LLC

| Certificate of Status | 0       |   |  |
|-----------------------|---------|---|--|
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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of | if section 608.416(2) or 608. | 509, Florida Statutes, the under        | rsigned,         |             |          |           |
|-------------------------------|-------------------------------|---|------------------|-------------|----------|-----------|
| GREGORY J. E                  | BLODIG                        | , hereby resig                          | ms as            | ٠           | <u>.</u> |           |
| CN                            | ame of Registered Agent)      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <b>,</b>         | 1           | ,        |           |
| Registered Agent for AB       | BA REAL ESTA                  | TE DEVELOPMEN                           | NTTN             |             | 乭        | CHILDREN. |
| GROUP, LLC                    |                               |   |                  | 6.5         | 'n       | 1         |
|                               | (Name of Limited Lisbili      | ty Company)                             |                  | M.C.        | 至        | 1         |
| L05000049421                  |                               |   |                  |             | ب َ      |           |
| (Document Number, i           | f knowa)                      | •                                       |                  | 超           | ر<br>ک   | 5         |
| A copy of this resignation v  | vas mailed to the above liste | d limited liability company at it       | s last known a   | ddress.     |          |           |
| The agency is terminated ar   | Jen                           | the 31st day after the date on v        | which this state | ment is fil | ed.      |           |
| If signing on behalf of an en | ntity:                        |   |                  |             |          |           |
| <del></del>                   | (Typed or Prit                | nted Name)                              |                  |             |          |           |
| <del></del>                   | (Capacity                     | y)                                      |                  |             |          |           |

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 Tallahussec, FL 32314