

L05000089506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

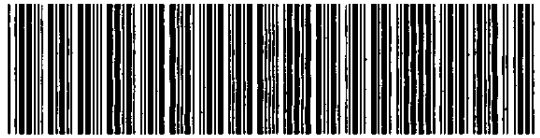
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400161267614

10/05/09--01047--020 \*\*25.00

09 OCT -5 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA 10/12  
10/12

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

/Attn: CAROL

SUBJECT: BALAJEM LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L05000089506

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:

Evelyn Hamilton  
Name of Person

HAS, INC. d/b/a Corporate Acct Group  
Name of Firm/Company

5700 Lake WORTH Rd, # 311-5  
Address

Greenacres FL 33463  
City/State and Zip Code

hasacct@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evelyn Hamilton at (561) 642-9982  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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,

Evelyn Hamilton, hereby resigns as  
Name of Registered Agent

Registered Agent for BALAJEM LLC

Name of Limited Liability Company

L05000089506  
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.

Evelyn Hamilton  
Signature of Resigning Agent

If signing on behalf of an entity:

Evelyn Hamilton  
Typed or Printed Name  
Incorporator  
Capacity

09 OCT -5 PM 4:12

FILED  
RECEIVED  
TALLAHASSEE, FL 08106

### 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