

LD6000DA4399

(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:

MAR 14 2013

SELLERS

Office Use Only



900245275599

03/04/13--01042--001 **172.50

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BHI Construction Group, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000094399

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:

Sid F. Baskin

Name of Person

BHI Construction Group, LLC

Name of Firm/Company

P.O. BOX 19835

Address

JACKSONVILLE FL 32245

City/State and Zip Code

baskinproperties@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sid F. Baskin

Name of Person

at (**904**) **233-7820**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,
Brant, Abraham, Reiter, McCormick & Johnson, PA
f/k/a Brant, Abraham, Reiter & Greene _____, hereby resigns as

Name of Registered Agent

Registered Agent for **BHI Construction Group, LLC**

Name of Limited Liability Company

L06000094399

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:

Amy H. Johnson, Esq.

Typed or Printed Name

Vice-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withdrawn limited liability company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