LOL 0000 98772

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SECRETARY OF STATE
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COVER LETTER

CR2E079 (2/14)

Division of Corporations SUBJECT: Bereavement Specialists, LLC (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Jennifer E. Melvin
(Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to:
The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to:
Please return all correspondence concerning this matter to:
Jennifer E. Melvin
(Contact Person)
(Firm/Company)
321 Sandtree Dr
(Address)
Palm Beach Gardens, FL 33403
(City/State and Zip Code)
For further information concerning this matter, please call:
SEC 16
Jennifer E. Melvin 561 3297167
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \text{\$\text{\$\text{\$\text{\$25\$ Filing Fee}}} \text{\$\text{\$\text{\$\$Certified Copy}}\$}\$
STREET, COURSE ADDRESS
STREET/COURIER ADDRESS: Pagintration Section Registration Section
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.011	5, Florida Statutes, the u	ndersigned,			
Jennifer E. Melvin , hereby				as		
	Name of Registered Ager		,			
Registered Agent for Ber	reavement Spec	cialists, LLC				
	Name of Lim	nited Liability Company			,	
1.06000000770						
L06000098772						
Document Num	ber, if known					
A copy of this resignation	was mailed to the a	above listed limited liabi	lity company at its la	st known ad	dress.	
The agency is terminated	and the office disco	ntinued on the 31st day	after the date on which	ch this stater	nent is	filed.
-	775	Signature of Resigning Age	ent			
If signing on behalf of an	entity:		•	,		
				1		
-	т	'yped or Printed Name		WITY	S S	
_		Capacity		HASSA	EP -8	
	<u>FILING</u> \$ 85.00	FEES: Active limited liabilit	y company	EF. FLORE	州山: 2	ILED
	\$ 25.00	Active limited liabilit Administratively diss withdrawn limited lia	olved/voluntarily di	ssolved/	છે	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314