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### **COVER LETTER**

SUBJECT: BAINBRIDGE MAGAZINE IN Nan	ne of Limited Liability	' Company
DOCUMENT NUMBER: 1.0600011604	-	
The enclosed Resignation of Registered for filing.	l Agent for a Limited	d Liability Company and fee are submitted
Please return all correspondence concer	rning this matter to t	he following:
JEFFREY A. DEUTCH		
Name of Person		-
Nelson Mullins Riley & Scarborough LLP		
Name of Firm/Compar	ny	_
1905 NW Corporate Boulevard, Suite 310		
Address		-
Boca Raton, FL 33431		
City/State and Zip Coo	de	-
jeffrey.deutch@nelsonmullins.com		
E-mail address: (to be used for future ann	ual report notification)	-
For further information concerning this	matter, please call:	
Jeffrey A. Deutch  Name of Person	at (at (	343-6960 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	ons of section 605.0	1115, Florida Statutes, the und	ersigned.
Jeffrey A. Deutch P.A.			_ , hereby resigns as
	Name of Registered 2	Agent	
Registered Agent for _	BAINBRIDGE MAG	SAZINE INVESTORS, LLC	<del></del>
	Name of	Limited Liability Company	,
L06000116048			
Document ?	Sumber, if known	<del></del>	
A copy of this resignat	ion was mailed to th	he above listed limited liability	y company at its last known address.
The agency is terminat	ed and the office di	scontinued on the 31st day aft	er the date on which this statement is filed.
		Signatule of Revening Agent	7
If signing on behalf of	an entity:	`	
	Jeffrey A. Deutch		·
		Typed or Printed Name	<del></del>
	President		
	-	Capacity	<del></del>

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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