10100006418

(Requestor's Name)			
(Address)			
(Address)			
(Addiesa)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(======================================			
(Document Number)			
Certified Copies Certificates of Status			
C			
Special Instructions to Filing Officer:			
ILMILLS			
Millo			

Office Use Only



800435224678

08/28/24--01014--014 **2525.00

COVER LETTER

TO: Registration Section
Division of Corporations

BAINBRIDGE MAGNOLIA PARK LAND (SUBJECT:	COMPANY, 1	LC
Name of Limited	d Liability Co	ompany
DOCUMENT NUMBER: L07000006478		<u> </u>
The enclosed Resignation of Registered Agent for filing.	a Limited L	iability Company and fee are submitted.
Please return all correspondence concerning this m	atter to the	following:
JEFFREY A. DEUTCH		
Name of Person		
Nelson Mullins Riley & Scarborough LLP		
Name of Firm/Company		
1905 NW Corporate Boulevard, Suite 310		
Address		
Boca Raton, FL 33431		
City/State and Zip Code		
jeffrey.deutch@nelsonmullins.com		
E-mail address: (to be used for future annual report not	ification)	
For further information concerning this matter, ple	ase call:	
Jeffrey A. Deutch 5)	343-6960
Name of Person	vrea Code I	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 605.0115, Florida	Statutes, the undersigned,		
Jeffrey A. Deutch P.A.		, hereby resigns as	hereby resigns as	
	Name of Registered Agent			
Registered Agent for	BAINBRIDGE MAGNOLIA PARE	K LAND COMPANY, LLC		
	Name of Limited Liabilit	y Company	,	
1.07000006478				
Document 1	Number, if known			
A copy of this resignat	tion was mailed to the above liste	ed limited liability company at its last kn	own address.	
The agency is terminal	ted and the office discontinued or Signature	n the 31st day after the date on which th	is statement is filed.	
If signing on behalf of	an entity:		• • •	
	Jeffrey A. Deutch		Ċ	
	Typed or Prin	nted Name		
	President			
	Capacity			

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company