107000057785

(Reque	estor's Name)	
(Addre	55)	
(Addre	ss)	
(City/S	tate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nam	ne)
(Docur	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	ng Officer:	
	Lmilk	

Office Use Only



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

COVER LETTER

TO: Registration Section Division of Corporations

Company
Liability Company and fee are submitted
e following:
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 provis	tions of section 605.0115, Florida Statutes, the undersigned.	
Jeffrey A. Deutch P.A.	. hereby resigns a	s
	Name of Registered Agent	•
Registered Agent for	BAINBRIDGE ISLAND CLUB PORTFOLIO, LLC	
	Name of Limited Liability Company	,
L07000057785		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed limited liability company at its las	t known address.
The agency is termina	ated and the office discontinued on the 31st day after the date on which	h this statement is filed.
	Signature of Resigning Agent	
If signing on behalf o	f an entity:	
	Jeffrey A. Deutch	
	Typed or Printed Name	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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