12700058237

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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
- (Bu	isiness Entity Name	e)
•		
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

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G. MCLEOD

MAR 1 2 2009

EXAMINER



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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: BROADSTREET CAPITAL, LLC		
(Name of Corporation) DOCUMENT NUMBER: L07000058237		
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for f	ïling.	
Please return all correspondence concerning this matter to the following:		
TLS/NRAI Services		
(Name of Person)		
NRAI Services	_	D
(Name of Firm/Company)	09 MAR	1510 1503 1503
2731 Executive Park Drive, Suite 4	ı	45 45_
(Address)	9	- 32E
Weston, FL 33331	PH	
(City/State and Zip Code)	: 8	715
For further information concerning this matter, please call:		7
at () (Name of Person) at () (Area Code & Daytime Telephone Number)		

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, NRAI SERVICES, INC
(Name of Registered Agent)
hereby resigns as Registered Agent for BROADSTREET CAPITAL, LLC
(Name of Corporation)
L07000058237
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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:
Peter F. Souza
Peter F. Souza (Typed or Printed Name) ssistant Secretary (Typed or Printed Name)
1 7-7-7-
(Capacity)
· Carlos de la companya de la comp - Carlos de la companya de la compa

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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