07000082446

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· ·
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Mils	

Office Use Only



100435224721

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

COVER LETTER

SUBJECT: BAINBRIDGE WELLINGTON, LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L07000082446	Company
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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 notification)	
For further information concerning this matter, please call:	
Jeffrey A. Deutch 561	343-6960
Name of Person Area Code	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115, Florida	Statutes, the undersigned,	
Jeffrey A. Deutch P.A.		, hereby resigns as	
	Name of Registered Agent		
Registered Agent for F	BAINBRIDGE WELLINGTON, LI	<u>.c</u>	
	Name of Limited Liabilit	y Company ,	
1.07000082446			
Document N	umber, if known		
A copy of this resignat	ion was mailed to the above liste	d limited liability company at its last known address.	
The agency is terminate	ed and the office discontinued or	the 31st day after the date on which this statement/is fi	led.
	Signature of	of Resigning Agent	
If signing on behalf of	an entity:		
	Jeffrey A. Deutch	• •	
	Typed or Prin	ed 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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