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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT:  Name of Lir	nited Liability	
DOCUMENT NUMBER: L07000082628		
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning th	is matter to th	e 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 repor	t notification)	
For further information concerning this matter,	, please call:	
Jeffrey A. Deutch	561 t ()	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## **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 unde	rsigned.
Jeffrey A. Deutch P.A.			, hereby resigns as
	Name of Registered Agent		, wereby reingin to
Registered Agent for _	BAINBRIDGE WELLING	TON INVESTORS, LLC	
	Name of Limite	ed Liability Company	<u> </u>
1.07000082628			
Document?	Sumber, if known	<del></del>	
A copy of this resignat	ion was mailed to the abo	ove listed limited liability	company at its last known address.
The agency is terminal	ed and the office discont	inued on the 31st day afte	r the date on which this statement is filed.
		Signature of Resigning Agent	·
If signing on behalf of	an entity:		
	Jeffrey A. Deutch		
	Тур	ed 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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