10000124733

(Re	questor's Name)			
(Address)				
(Ād	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer.				
wills				

Office Use Only



000435224730

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

COVER LETTER

BAINBRIDGE FISHERMAN'S LANDING INVESTOR SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L07000124733	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he 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 Name of Person at (Area Code	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115,	Florida Statutes, the undersign	ed,
Jeffrey A. Deutch P.A		. her	eby resigns as
	Name of Registered Agent		
Registered Agent for	BAINBRIDGE FISHERMA	AN'S LANDING INVESTORS.	LLC
	Name of Limite	ed Liability Company	······································
1.07000124733			3
Document	Number, if known	_	,
-		•	pany at its last known address. date on which 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	 -

\$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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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