

LD7000127446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

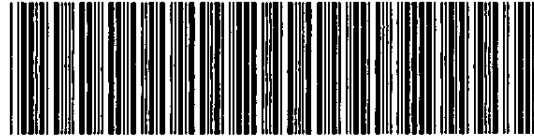
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

APR 03 2012  
L. SELLERS

Office Use Only



500226135615

04/02/12--01033--026 \*\*50.00

FILED  
12 APR - 2 PM 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LAW OFFICES  
**WILLIAMS, SMITH & SUMMERS, P.A.**

380 WEST ALFRED STREET  
TAVARES, FLORIDA 32778-3298

TELEPHONE:  
(352) 343-6655  
FAX (352) 343-4267

CHRISTOPHER J. SMITH  
GARY L. SUMMERS  
ROBERT Q. WILLIAMS  
W. GRANT WATSON  
KAELY SMITH FRYE

March 29, 2012

Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, Florida 32314

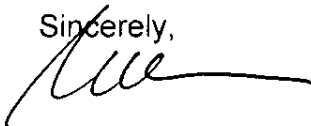
Re: **BPLTD, LLC**

Gentlemen:

Enclosed for filing is the original Resignation of Member/Manager(s) Dennis Coughlin from the above-referenced Florida limited liability company, along with a Statement of Change of Registered Agent. Also enclosed is our firm's check in the amount of \$50.00 which represents the filing fee associated with this transaction.

Please feel free to give me a call if you should have any questions or need additional information. Thank you for your cooperation in this matter.

Sincerely,



Robert Q. Williams  
RQW/clc  
Enclosures



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BPLTD LLC
2. This limited liability company was organized under the laws of:  
Florida
3. The Florida document/registration number of this limited liability company is:  
L07000127446
4. I, Dennis Coughlin, hereby resign as a Manager  
*(Print Name of Person Resigning)* *(Print Title)*  
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
12 APR - 2 PM 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA