1080000041103

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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A. LUNT

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SECTIONEY OF STATE
MELLIATHASSEE, FLORING

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BC	YNTON 50, LLC	
Name o	of Limited Liability Company	
DOCUMENT NUMBER:	L08000041103	
The enclosed Resignation of Registered A for filing.	gent for a Limited Liability Company and	fee are submitted
Please return all correspondence concernir	ng this matter to the following:	
WILLIAM E. HIMES		
Name of Person		
BOYNTON 50, LLC		
Name of Firm/Company		₩. 2
8850 W. Oakland Park Bly Address	vd.	SECRETARY SECRETARY
Sunrise, FL 33351		مرسولات
City/State and Zip Code		
E-mail address: (to be used for future annual	report notification)	29
For further information concerning this ma	atter, please call:	
	at (
Name of Person	at () Area Code & Daytime Telephone Nun	nber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	on 608.416(2) or 608.509	, Florida Statutes, the undersign	ed.	
LEONARI	E. ZEDECK	, hereby resigns a	s	
Name of R	egistered Agent			
Registered Agent for	BOYI	NTON 50, LLC		
	Name of Limited Liability Co	ompany		
L08000041103				
Document Number, if kno	wn			
A copy of this resignation was ma	iled to the above listed lin	nited liability company at its las	t known address.	
The agency is terminated and the o	office discontinued on the	1864	2011	
If signing on behalf of an entity:		·	SEP -6	rieser F
	Typed or Printed N	Vaine		
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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