

L080000047875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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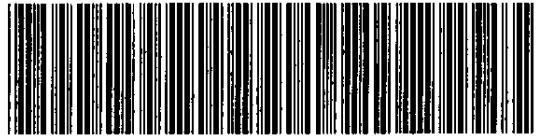
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Resignation
to RA

04/12/10--01052--026 **85.00

FILED

2010 APR 12 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR
4/14/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BGM MANAGEMENT LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000047875

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN POLISAR
Name of Person

Name of Firm/Company

407 LINCOLN ROAD, SUITE 2A
Address

MIAMI BEACH, FL 33139
City/State and Zip Code

stevepolisar@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Polisar at (305) 672-7772
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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 608.416(2) or 608.509, Florida Statutes, the undersigned,

Steven Polisar

Name of Registered Agent

, hereby resigns as

Registered Agent for

BGM MANAGEMENT LLC

Name of Limited Liability Company

L08000047875

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

STEVE POLISAR
Typed or Printed Name

REGISTERED AGENT
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

FILED
2010 APR 12 PM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA