## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: THE LAW OFFICES OF NICK SPRADLIN PLLC Account Name

Account Number : 120070000020 : (813)435-3176 Phone Fax Number : (813)333-6358

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* Email Address:

## LLC REGISTERED AGENT RESIGNATION BRRE33400, LLC

Certificate of Status Certified Copy Û 02 Page Count Estimated Charge \$25.00

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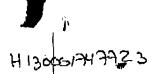
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AUG - 6 2013

B. BOSTICK

**EXAMINER** 

Tuesday, August 06, 2013 08/12/2021 02:37 FAX 8133336358



## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

•	provisions of section 608.416(2) or 608.509, Florida OFFICES OF NICK SPRADLIN, PL	_
	Name of Registered Agent	
Registered Agen	t for BRRE33400, LLC	
6	·	`
10900000	0892	
Doc	ument Number, if known	
A copy of this re	esignation was mailed to the above listed limited lia	bility company at its last known address.
The agency is te	rminated and the office discontinued on the 31st da	y after the date on which this statement is filed.
	Signature of Resigning	Appent Av. 20
	O Signature of Resigning 2	2013 AUG SECRETALLAHA
If signing on bel	nalf of an entity:	AR A
1	NICKOLAS J. SPRADLIN	ASSI ASSI
	Typed or Printed Name	
}	CEO	
<u> </u>	Capacity	
	•	SECRETARY OF STATE ALLAHASSEE, FLORID
	FILING FEES: \$ 85.00 Active limited liabi	ility company
	\$ 25.00 Administratively di	ility company issolved/voluntarily dissolved/ liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (08/05)

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