## 1.0900065637

(	(Requestor's Name)		
· (	(Address)		
(	(Address)		
	(City/State/Zip/Phone #)		
, PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: B&H POLICE SUPPLY, LLC	Liability Company	
DOCUMENT NUMBER: L09000065637		
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted	
Please return all correspondence concerning this mat	ter to the following:	
MATTHEW KENNEDY		
Name of Person		
B&H POLICE SUPPLY, LLC		
Name of Firm/Company	<del></del>	
245 E. MERRITT ISLAND CSWY		
Address		
MERRITT ISLAND, FL 32952		
City/State and Zip Code	<del></del>	
E-mail address: (to be used for future annual report notific	cation)	
For further information concerning this matter, pleas	e call:	
MATTHEW KENNEDY 32 at (	21 452-1105	
	ea Code Daytime Telephone Number	
Enclosed is a check made payable to the Florida Dep liability company or \$25.00 for an administratively d liability company.	partment of State for \$85.00 for an active limited lissolved, voluntarily dissolved or withdrawn limited	
	STREET ADDRESS:	
Registration Section	Registration Section	

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, t	the undersigned,	
ROBERT A. GRIGGS		, hereby resigns as	
	Name of Registered Agent	,, ,	
Registered Agent for	B&H POLICE SUPPLY, LLC		
	Name of Limited Liability Company	,	
L09000065637			
Document	Number, if known		
		liability company at its last known address.  day after the date on which this statement is filed.	
	Mt Theyw Signature of Resignin	print .	
If signing on behalf of	f an entity:		
	Typed or Printed Name	Ro Ro	
	Capacity	<del></del>	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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