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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Bay Technology Solutions Name of Limited Liability Company
DOCUMENT NUMBER:	L0900076097
The enclosed Resignation of Reg for filing.	gistered Agent for a Limited Liability Company and fee are submitted
Please return all correspondence	concerning this matter to the following:
Elpedio O Name of Pe	rtegaerson
Bay Technology Name of Firm/0	
19017 US High Addres	nway 41 N s
Lutz, FL 3 City/State and 2	3549 Zip Code
•	/-sol.com ture annual report notification)
For further information concerni	ng this matter, please call:
Juan Ramirez Name of Person	at (<u>813</u>) <u>421-0125</u> Area Code & Daytime Telephone Number
Enclosed is a check made payabliability company or \$25.00 for a limited liability company.	le to the Florida Department of State for \$85.00 for an active limited an administratively dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	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 ur	ndersigned,	
	Breck Kelley	, hereby r	esigns as	
N	lame of Registered Agent	· · · · · · · · · · · · · · · · · · ·		
Registered Agent for	Bay	Technology Solutions	446	
	Name of Limited Liabilit	ty Company	ZONO AP	7
L090000	76097			
Document Num	ber, if known		SER -	T
	was mailed to the above liste		بي يـــ	C
The agency is terminated	and the office discontinued or	the 31st day after the date	on which this statements file	d.
_	1/1/	n	_	
	Signature	of Resigning Agent		
If signing on behalf of an	entity:			
	Breck A Typed or Prir	Kelle u	_	
_	Managina Mem	br	-	
	· Capacity	<i>!</i>		

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