

LD9000115716

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
R.A. Resign

C.COULLIETTE

JUN 22 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: B.E. GROUPE CONSULTING, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000115716

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:

Penn B. Chabrow, Esquire
Name of Person

Wampler, Buchanan, Walker, et al.
Name of Firm/Company

9350 S. Dixie Highway, Suite 1500
Address

Miami, FL 33156
City/State and Zip Code

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

For further information concerning this matter, please call:

Penn B. Chabrow at (305) 577-0044
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

PENN B. CHABROW

Name of Registered Agent

, hereby resigns as

Registered Agent for B.E. GROUPE CONSULTING LLC

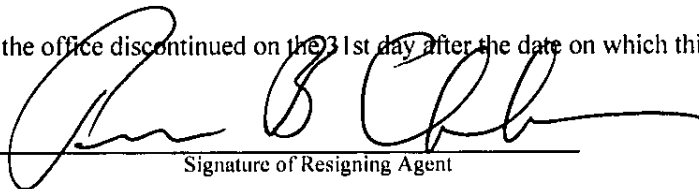
Name of Limited Liability Company

L09000115716

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:

Typed or Printed Name

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withdrawn limited liability company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
10 JUN 21 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA