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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TIME

COVER LETTER

SUBJECT:	BEST CONC Name of L	IERGES C	BROUP, LLC by Company	
DOCUMENT	Г NUMBER:	L10000	020016	
The enclosed l	Resignation of Registered Agen	nt for a Limite	ed Liability Company and f	ee are submitted
Please return a	all correspondence concerning	this matter to	the following:	
RICHAR	D A. FREEMAN ESQ Name of Person		_	
RICHARD	FREEMAN ASSOCIATES LA	rc .		
II ISLA	ND AVENUE SUITE 71 Address	/	_	
MIAMI BE	EACH, FL 33/39 City/State and Zip Code		_	
Tichan E-mail addr	Ross: (to be used for future annual rep	ort notification)	_	
For further info	formation concerning this matte	r, please call:		
RICHARD	A FREEMAN Name of Person	at (9/7 Area Cod	769-8199 e & Daytime Telephone Num	ber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section Division of Corporations

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, Flor	ida Statutes, the undersigne	d,		
JE ⁻	SET GROUP,	LLC	, hereby resigns as			
	lame of Registered Age		,,			
Registered Agent for	В	EST CONCIERO	GES GROUP, LLC			·
	a Florida	limited liability o	ompany			
	Name of Lin	nited Liability Company	,			•
L100000	20016					
Document Num	ber, if known					
A copy of this resignation	was mailed to the a	above listed limited	liability company at its last	known add	dress.	
The agency is terminated	and the office disco	Signature of Resignin	day after the date on which	this statem	nent is	filed.
If signing on behalf of an	entity.					
	E	leonora Todaro				
	Т	yped or Printed Name				
_		MGRM				
		Capacity				
	FILING \$ 85.00 \$ 25.00	FEES: Active limited lia Administratively withdrawn limite	ability company dissolved/ voluntarily diss ed liability company	olved// SECRE	11 OC:	
	Make checks payab	ole to Florida Depart Division of Corpora P.O. Box 6327 Tallahassee, FL 3	1	TARY OF STA	1 18 PH	LED

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