# 10000034627

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## **COVER LETTER**

SUBJECT:  Name of Limited Liability	Company
DOCUMENT NUMBER: L10000034627	<del> </del>
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he following:
JEFFREY A. DEUTCH	
Name of Person	-
Nelson Mullins Riley & Scarborough LLP	
Name of Firm/Company	-
1905 NW Corporate Boulevard, Suite 310	
Address	-
Boca Raton, FL 33431	
City/State and Zip Code	-
jeffrey.deutch@nelsonmullins.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Jeffrey A. Deutch 561	343-6960
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

### **Street Address:**

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the	undersigned.
Jeffrey A. Deutch P.A.		, hereby resigns as
	Name of Registered Agent	
Registered Agent for _	BAINBRIDGE BCA, LLC	
	Name of Limited Liability Company	
L10000034627		
Document	iumber, if known	
A copy of this resignat	ion was mailed to the above listed limited lia	bility company at its last known address.
The agency is terminal	ed and the office discontinued on the 31st da	y after the date on which this statement is filed.
	Signature Resigning	A gent
If signing on behalf of	an entity:	
	Jeffrey A. Deutch	-
	Typed or Printed Name	<del></del>
	President	<del>.</del>
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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