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(Requestor's Name))	
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PICK-UP WAIT	MAIL	
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Special Instructions to Filing Officer:		
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COVER LETTER

SUBJECT:	BAM Landscaping, LLC Name of Limited Liability Company
DOCUMENT NUMBER:	27-2433941 ein #
The enclosed Resignation of Regis for filing.	stered Agent for a Limited Liability Company and fee are submitted
Please return all correspondence co	oncerning this matter to the following:
Bonnie Brig Name of Pers	ght
Name of Pers	son
BAM Landscapi	
Name of Firm/Co	ompany
223 S. Shadowb	pay Blvd.
Address	
Longwood, FL City/State and Zi	32779 ip Code
b.lookbright@ya E-mail address: (to be used for futu	hoo.com
For further information concerning	
Bonnie Bright Name of Person	at (407) 416-4020 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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,
E	Bonnie Bright	, hereby resigns as
	e of Registered Agent	,,,,,
Registered Agent for	BAN	M Landscaping, LLC
	Name of Limited Liabili	ty Company ,
EIN 27-243	33941	
Document Number,	if known	
A copy of this resignation wa	s mailed to the above liste	d limited liability company at its last known address.
The agency is terminated and	the office discontinued or	the 31st day after the date on which this statement is filed.
_\	Source Signature	or Resigning Agent
If signing on behalf of an enti	ity:	
	Bonnie L	. Bright
	Typed or Prin	ted Name
	Canacity	

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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