

**L10000005632**



700211098587

08/17/11--01024--016 \*\*85.00

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

FILED  
11 AUG 17 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 18 2011

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:**

Brickell Bay Properties Management, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:**

L10000065632

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:

Thomas J. Hess  
Name of Person

Thomas J. Hess PA  
Name of Firm/Company

1401 Brickell Ave, Ste. 825  
Address

Miami, FL 33131  
City/State and Zip Code

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

For further information concerning this matter, please call:

Proclca Hess  
Name of Person

at (305) 597-5601  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
11 AUG 17 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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,

Thomas J. Hess PA, hereby resigns as  
Name of Registered Agent

Registered Agent for Briarcliff Bay Properties Management, LLC  
Name of Limited Liability Company

L10000065632  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

Thomas J. Hess  
Typed or Printed Name  
Principal  
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  
11 AUG 17 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA