# L100000124516

(Re	equestor's Name)	· · · · · ·				
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(Business Entity Name)						
(Document Number)						
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BERTUIN BAY INVESTIVENTS UC  Name of Limited Liability Company  DOCUMENT NUMBER: 1 10000   24516
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:
Name of Person
Name of Firm/Company
Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 766 6924  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provision	s of section 605.01	15, Florida Stati	utes, the und	ersigned,	
LUMER PROP	PELTY D	WNA67	ENT	_, hereby resigns a	as
Registered Agent for		877	INVEST	MENTS	uc
	Name of Li	mited Liability Cor	npany	1,1 14 THE STATE OF THE STATE O	
Document Nur A copy of this resignation		above listed lin	nited liability	company at its la	st known address.
The agency is terminated	and the office disc	ontinued on the	31st day afte	er the date on which	ch this statement is filed.
	N	Signature of Re	signing Agent		16 A
If signing on behalf of an	entity:				THE STATE OF THE S
		PROPERT) Typed or Printed N NAGES  Capacity		IAGENT	-9 AM 7:56
	FILINC \$ 85.00 \$ 25.00	G FEES: Active limit Administrat withdrawn	ed liability c ively dissolv limited liabil	ompany ed/voluntarily di lity company	ssolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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