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## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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L. SELLERS

To:

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Division of Corporations

Fax Number : (850)617-6383

AUG - 8 2011

**EXAMINER** : BROAD AND CASSEL - MIAMI OFFICE Account Name

Account Number | 120100000075 1 (305)373-9445 Fax Number : (305)373-9443

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## LLC REGISTERED AGENT RESIGNATION BI MANAGEMENT SERVICES, LLC

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.509,	Florida Statutes, the undersigned,
B&	C Corporate Services, Inc.	, hereby resigns as
	Name of Registered Agent	
Registered Agent for _	Bi Manage	ment Services, LLC
	Name of Limited Liability Co.	npiny
<u>L</u> 1100	0002589	
Document N	lumbor, if known	
A copy of this resignati	on was mailed to the above listed lim	ited liability company at its last known address.
The agency is terminate	ed and the office discontinued on the	31st day after the date on which this statement is filed.
	Give Fasco	
	Signature of Res	ighing Agent
If signing on behalf of a	an entity:	
	Gisela Fasc	<b>o</b>
	Typed or Printed No	me
	Vice Preside	nt
	Capacity	
	FILING PEES: \$ 85.00 Active limite \$ 25.00 Administrative withdrawn limited.  Make checks payable to Florida De;	d liability company ely dissolved voluntarily dissolved A mitted liability company  Property of State and mail to:
	Division of Cor	Michigan of State and Man to:
	P.O. Box (	

Tallahassee, FL 32314

INHS17 (08/05)

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