

L11000063478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

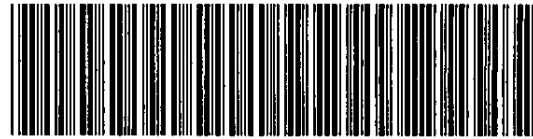
(Business Entity Name)

(Document Number)

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

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RA Resign.  
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De

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Construction Bid Services LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000063478

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:

Drew E Baratz

\_\_\_\_\_  
Name of Person

Construction Bid Services LLC

\_\_\_\_\_  
Name of Firm/Company

5030 Champion Blvd Suite G11 #424

\_\_\_\_\_  
Address

Boca Raton FL 33496

\_\_\_\_\_  
City/State and Zip Code

mbruggeman@plan-bid.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Drew E Baratz

at ( 561 ) 350-2111

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**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 provisions of section 605.0115, Florida Statutes, the undersigned,

Drew E Baratz

Name of Registered Agent

, hereby resigns as

Registered Agent for Construction Bid Services LLC

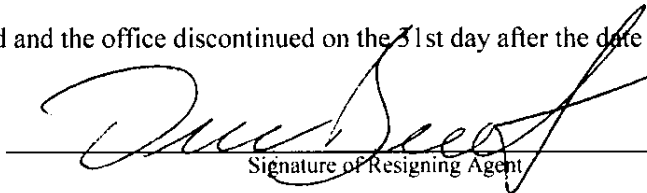
Name of Limited Liability Company

L11000063478

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 of Resigning Agent

If signing on behalf of an entity:

Drew E Baratz

Typed or Printed Name

President / Owner

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

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