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SECRETARY OF STATE

\$125

JUN 0 8 2016 S. YOUNG

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SUBJECT: BKH GULF COAST PROPERTIES, LLC  Name of Limited Liability Company	
Name of Limited Liability Company	
DOCUMENT NUMBER: L11000097927	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted filing.	itted
Please return all correspondence concerning this matter to the following:	
Brooke Daugherty-Hayes Name of Person	TALL SEC
Name of Person	
National Corporate Research, Ltd.	h 92
Name of Firm/Company	<b>3</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
850 New Burton Road, Suite 201 Address	ALL NAMES SEE, I LO 24
Audiess	, was
Dover, DE 19904	
City/State and Zip Code	
invoices@nationalcorp.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Brooke Daugherty-Hayes at ( 866 ) 621-3524  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for \$85.00 for an active limiliability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.	ted
MAILING ADDRESS: 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	on 608.416(2) or 608.509, Florida Statutes, the under	signed.
National Corpor	ate Research, Ltd hereby resig	ns as
Name of Re	egistered Agent	
Registered Agent for	BKH GULF COAST PROPERTIES, LI	LC .
	Name of Limited Liability Company	,
L11000097927		
Document Number, if kno	wn	
A copy of this resignation was mai	led to the above listed limited liability company at its	s last known address.
The agency is terminated and the o	office discontinued on the 31st day after the date on w	which this statement is filed.
If signing on behalf of an entity:	Signature of Resigning Agent	16 JUN -6
	Florence Spelzhausen Typed or Printed Name	<b>3</b> 53
	Assistant Secretary	<b>1</b> (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)

## **FILING FEES:**

Capacity

\$ 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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