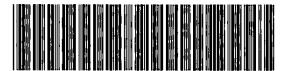
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PICK-UP	☐ WAIT	MAIL.
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: _ CBS FL PlopElt   ES LLC  Name of Limited Liability Company			
DOCUMENT NUMBER: 111000117694			
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:			
STEPIJEN Q DOROGHAZI  Name of Person			
Name of Firm/Company			
8210 PRICHETT DRIVE Address			
Howston, Ty 77096  City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
STEPHEN DOROCHAZ at (713) 702-8805  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS:			

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (12/13)

P.O. Box 6327

**Registration Section** 

Division of Corporations

Tallahassee, FL 32314

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
Robert & Dooday:, hereby resigns as
Registered Agent for BS FL Resperties, LLC
Name of Limited Liability Company,
L11000117694
Document Number, if known
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.
Now I Doryglai  Signature of Resigning Agent
If signing on behalf of an entity:
Typed or Printed Name  Wenthee  Capacity
membre
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FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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