

L12000034458

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DIVISION OF CORPORATIONS
STATE OF MASSACHUSETTS

CL.
521-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BBO FOOD AND BEVERAGE
Name of Limited Liability Company

DOCUMENT NUMBER: L12000034458

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:

DANIEL LENGHEA
Name of Person

DANIEL LENGHEA, P.A.
Name of Firm/Company

13899 BISCAYNE BLVD SUITE 415
Address

NORTH MIAMI BEACH, FL 33181
City/State and Zip Code

DANIEL@LENGHEA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL LENGHEA at (954) 608-0312
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

DANIEL LENGHEA, P.A., hereby resigns as
Name of Registered Agent

Registered Agent for BBO FOOD AND BEVERAGE, LLC

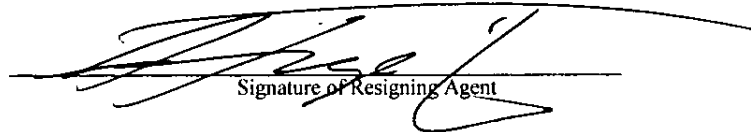
Name of Limited Liability Company

L12000034458

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:

DANIEL LENGHEA, ESQ.

Typed or Printed Name

PRESIDENT

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withdrawn limited liability company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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY 14 AM 7:37