

# L12000149079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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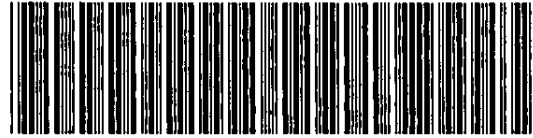
(Business Entity Name)

(Document Number)

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FALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUL 19 2013

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Business Administrative Group LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000149079

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:

Vic Spagnuolo

Name of Person

Business Administrative Group LLC

Name of Firm/Company

1615 S Congress Ave Suite 103

Address

Delray Beach, FL. 33445

City/State and Zip Code

info@floridalrs.com

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

For further information concerning this matter, please call:

Debbi Hager

Name of Person

at ( 561 ) 346-6998

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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 608.416(2) or 608.509, Florida Statutes, the undersigned,

Martin M Werner, hereby resigns as  
Name of Registered Agent

Registered Agent for \_\_\_\_\_  
Business Administrative Group  
Name of Limited Liability Company

L12000149079  
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:

\_\_\_\_\_  
Typed or Printed Name  
\_\_\_\_\_  
Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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