113000051441

| (Req | uestor's Name) | |
|---|------------------|-------------|
| (Add | ress) | |
| DbA) | ress) | |
| (City) | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

Office Use Only



800317443218

08/24/18--01017--018 **85.00

18 AUG 24 AM 1: 30 SECRETARY OF STATE TALL ANASSEE, FLORIDA

K. SALY AUG 3 0 2018

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115. Florida Statutes, the undersigned. | 39 2 7 |
|--|-----------------------------------|
| MARC BARHONOVICH . hereby re | esigns as |
| Name of Registered Agent | |
| Registered Agent for BSP HOLDINGS LLC | |
| Name of Limited Liability Company | 1.33 |
| L13000051441 | y |
| Document Number, if known | |
| A copy of this resignation was mailed to the above listed limited liability company a | at its last known address. |
| The agency is terminated and the office discontinued on the 31st day after the date of | on which this statement is filed. |
| Signature of Resigning Agent | |
| If signing on behalf of an entity: | |
| MARC BARHONOVICH Typed or Printed Name | |
| MAN AGER 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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