L13000063681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FLORIDA DEPT. OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 26 2013

EXAMINER

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** BIDBUMPERS LLC
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000065681

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:

Christian Carmona
Name of Person

BIDBUMPERS LLC
Name of Firm/Company

13155 SW 134TH ST, ST 214
Address

MIAMI, FL 33186
City/State and Zip Code

jimmyvelez@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jimmy Velez at (954) 702.3944
Name of Person Area Code & Daytime Telephone Number

2013 NOV 25 PM 5:13
TALLAHASSEE, FLORIDA

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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

LOUIE F. MOLINA , hereby resigns as

Name of Registered Agent

Registered Agent for BIDBUMPERS LLC

Name of Limited Liability Company

L13000065681

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

2013 NOV 25 PM 5:13

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$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (08/05)