# L13000/47562

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

JAN 22 2015 T. CARTER

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	ECT:  Name of Limited Liability Company
DOC	JMENT NUMBER: L13000147562
The enfor fill	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ng.
Please	return all correspondence concerning this matter to the following:
Marly	n J. Wiener
<del></del>	Name of Person
Marly	n J. Wiener, P.A.
	Name of Firm/Company
6111	Broken Sound Parkway NW, Suite 330
	Address
Воса	Raton, Florida 33487
	City/State and Zip Code
marly	n@mwfloridalaw.com
E	mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Marly	Name of Person at (561 ) Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
liabilit	sed is a check made payable to the Florida Department of State for \$85.00 for an active limited y company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited y company.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	n 605.0115, Florida Statutes, the	e undersigned,		
Marlyn J. Wiener, Esq.		, hereby resigns as	#	ZΑ
	gistered Agent	<u> </u>	ن د	LECR ECR
Registered Agent for BRG-CP M	Registered Agent for BRG-CP MGR, LLC			H
			JAN 20	SSE
Name of Limited Liability Company			===	-, mg
L13000147562			ဒ္ 53	STATE LORIDA
Document Number, if know	<del>/n</del>			
A copy of this resignation was mail	ed to the above listed limited lia	bility company at its last know	vn address	
The agency is terminated and the or	ffice discontinued on the 31st da  Signature of Resigning A	ien	statement :	is filed.
If signing on behalf of an entity:				
- 1 - 100 - 100	Typed or Printed Name			
	Capacity	·		

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314