14000057398

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: BAPP 500 INVESTMENTS LLC		
Name of Limited Liability Company		
DOCUMENT NUMBER: L14000057398		
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing.	: submitte	ed
Please return all correspondence concerning this matter to the following:		
Anne Paul		
Name of Person		
Woods Weidenmiller Michetti Rudnick & Galbraith, PL		
Name of Firm/Company		
9045 Strada Stell Ct. #400		
Address	क	20.
Naples, FL 34109	33 . 0	
City/State and Zip Code	20	\$ 15 A
	HP	TE.
E-mail address: (to be used for future annual report notification)	Ŧ.	100
For further information concerning this matter, please call:	\$	1,20 1,000 1
Anne Paul 239 325-4070		
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,
WOODS, WEIDENMILLER, MICHETTI & RUDNICK PI	L, hereby resigns as
Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Registered Agent for BAPP 500 INVESTMENTS LLC	
Name of Limited Liability Company	,
L14000057398	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited lial. The agency is terminated and the office discontinued on the 31st day.	
	TE DE
Signature of Resigning A	No.
If signing on behalf of an entity:	
Joshua D. Rudnick	
Typed or Printed Name	
Partner	<u> </u>
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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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