

To: 850-617-6383
Division of Corporations

From: Tax nae

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305) 541-3980
Fax Number : (305) 541-7C33

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
BBTA SOLUTIONS LLC**

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COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: BETA SOLUTIONS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000065402

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:

MOSES NAE
Name of Person

ACCOUNTANT & MANAGEMENT INC
Name of Firm/Company

1549 NE 123RD ST
Address

NORTH MIAMI, FL 33161
City/State and Zip Code

INCORPORATIONS@TAXLEAF.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOSES NAE at (305) 541-3980
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ACCOUNTANT & MANAGEMENT INC

, hereby resigns as

Name of Registered Agent

Registered Agent for

BBTA SOLUTIONS LLC

Name of Limited Liability Company

L14000065402

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:

MOSES NAE

Typed or Printed Name

VICE PRESIDENT

Capacity

2015 NOV 12 A 11: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

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