

L14000188317

(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BH ONE, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L14000188317

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:

VALERIA RODRIGUEZ
Name of Person

ROYAL POINCIANA REGISTERED AGENTS, LLC.
Name of Firm/Company

3785 NE 168th. STREET
Address

NORTH MIAMI BEACH, FL 33160
City/State and Zip Code

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

For further information concerning this matter, please call:

VALERIA RODRIGUEZ at (786) 208-6957
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ROYAL POINCIANA REGISTERED AGENTS, LLC.

_____, hereby resigns as
Name of Registered Agent

Registered Agent for BH ONE, LLC.

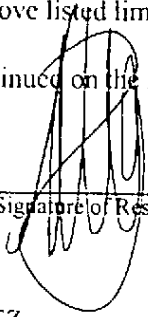
Name of Limited Liability Company

L14000188317

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:

VALERIA RODRIGUEZ

Typed or Printed Name

MEMBER

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

FILED
2024 JAN 18 AM 1:35
SECRETARY OF STATE
TALLAHASSEE, FL 32304