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COVER LETTER

Limited Liabil	ty Company
3	
ent for a Limit	ed Liability Company and fee are submitted
this matter to	the following:
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port notification	-
ter, please call	•
800	773-0888 x3950
Area Coo	773-0888 x3950 le Daytime Telephone Number
orida Departm ratively dissol	ent of State for \$85.00 for an active limited wed, voluntarily dissolved or withdrawn limite
STR	EET ADDRESS:
-	stration Section
	nion of Corporations
	on Building Executive Center Circle
	ent for a Limit g this matter to ter, please call at (Area Coc orida Departmentively dissolved) STR Regis Divis Clifte

Tallahassee, FL 32301

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.0115, Florida Statutes, the unders	igned.	
United States Corpo	oration Agents, Inc.	hereby resigns as	
	Name of Registered Agent	, :	
Registered Agent for Bl	KB Market, LLC		
	Name of Limited Liability Company	·	
L14000197118			
Document Nu	mber, if known		
A copy of this resignation	on was mailed to the above listed limited liability of	ompany at its last known address.	
The agency is terminated	3 and the office discontinued on the 31st day after	the date on which this statement is fi	led.
	Signature of Resigning Agent	2020 APR 21	
If signing on behalf of a	n entity:	. 21	
	Cheyenne Moseley		ا د
	Typed or Printed Name		* +4
	Asst. Secretary for United States Corporation Age	nts, Inc. ω	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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