115000058627

| (Requestor's Name) | | | |
|---|--------------------|-----------|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | isiness Entity Nan | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
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Office Use Only



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SEURETARY OF STATE

K.SALY EXAMINER SEP 15 2015

COVER LETTER

Registration Section Division of Corporations

TO:

| | | • |
|--|---------------------------------------|--|
| SUBJECT: BIDCO SYSTEMS, LLC | | |
| | nited Liability | Company |
| DOCUMENT NUMBER: 15000058627 | | |
| The enclosed Resignation of Registered Agent for filing. | for a Limited | Liability Company and fee are submitted |
| Please return all correspondence concerning the | is matter to th | ne following: |
| STEVEN P. ENNIS | | |
| Name of Person | | |
| BIDCO SYSTEMS, LLC | | |
| Name of Firm/Company | | |
| 1300 LINCOLN RD., #805 | | |
| Address | · · · · · · · · · · · · · · · · · · · | - |
| MIAMI BEACH, FL 33139 | | |
| City/State and Zip Code | | • |
| bidcosystems@gmail.com | | |
| E-mail address: (to be used for future annual repor | t notification) | · |
| For further information concerning this matter, | please call: | |
| Jacqueline Zambrano | 786 t (| 205-5944 |
| Name of Person | Area Code | Daytime Telephone Number |
| Enclosed is a check made payable to the Florid liability company. \$25.00 for an administrati liability company. | a Departmen vely dissolve | t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited |
| MAILING ADDRESS: | STREET ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| P.O. Box 6327 | Clifton Building | |
| Tallahassee FL 32314 | 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 Statu | ites, the undersigned, |
|---|---|
| STEVEN P. ENNIS | , hereby resigns as |
| Name of Registered Agent | The same |
| Registered Agent for BIDCO SYSTEMS, LLC | |
| | SSEE |
| Name of Limited Liability Cor | npany 70 v. |
| L15000058627 | ORIBON ST |
| Document Number, if known | |
| A copy of this resignation was mailed to the above listed lin | nited 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. |
| L Staven Ennis Signature of Re | signing Agent |
| If signing on behalf of an entity: | |
| BIDCO SYSTEMS, LLC | |
| Typed or Printed N | ame |
| MEMBER | |
| Capacity | |
| | |

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

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company