Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000062233 3)))



H240000622333ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I20040000167 Phone : (305)377-0809 Fax Number : (305)377-0781

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

Email Address:__ CONDONATE

LLC REGISTERED AGENT RESIGNATION **BIT5IVE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$90.00

Electronic Filing Menu

Corporate Filing Menu

EEB 12 SOSH T. LEMIEUX

♦STATEMENT OF RESIGNATION OF REGISTERED AGENT † FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 60	5.0115, Florida Statutes, the undo	ersigned.	
Perlman, Bajandas, Yevoli & Albright, PL	•	hereby resigns as	
Name of Registers	ed Agent	. Hereby resigns as	
Registered Agent for BITSIVE LLC			
		•	_
Name	of Limited Liability Company		
L15000084867			
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	r the date on which this statement i	s filed.
If signing on behalf of an entity:			
Ricardo Bajand	as, Esq	10	
	Typed or Printed Name		<u>2</u> 021
Manager of Per	lman, Bajandas, Yevoli & Albright,	PL Sign	<u> </u>
	Capacity		11 2024 FEB 14
FIL. \$ 85 \$ 25		ed/voluntarily dissolved/ 🗦 🗁 🥏	LED 15

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