

L15000 11662F

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

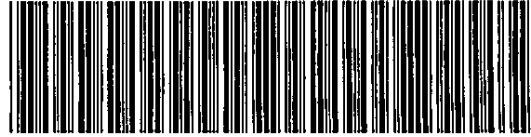
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 02 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bird Repairs LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000116028

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:

Rafael Sabino
Name of Person

Bird Repairs LLC
Name of Firm/Company

639 Lomita Ave
Address

Millbrae CA 94030
City/State and Zip Code

artarph@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daragan Wiltram at (954) 931-6671
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Rafael Sabino

, hereby resigns as

Name of Registered Agent

Registered Agent for

Bird Repairs LLC

Name of Limited Liability Company

L15000116028

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]

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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withdrawn limited liability company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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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