

415000133694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800280118258

12/21/15--01044--004 **85.00

FILED

2015 DEC 21 P 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 21 2015
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B.A. Customade, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L15000133694.

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:

Milton Friedman.
Name of Person

Friedman Associates.
Name of Firm/Company

6030 Hollywood Blvd; Ste 135.
Address

Hollywood, FL 33024.
City/State and Zip Code

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

For further information concerning this matter, please call:

Milton Friedman. at (984.) 362-7720.
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2015 DEC 21 P 5:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

BEN. Yehuda., hereby resigns as
Name of Registered Agent

Registered Agent for B.A. Customade, LLC.
Name of Limited Liability Company

L15000133694.
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.

X [Signature]
Signature of Resigning Agent

If signing on behalf of an entity:

BEN Yehuda.
Typed or Printed Name
MANAGER.
Capacity

2015 DEC 21 P 5:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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