

L16 0000002646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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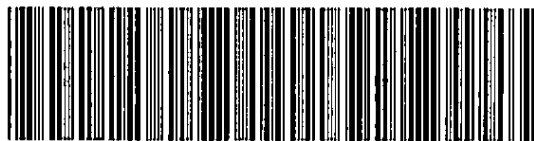
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 16 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BGA Enterprises of Hammock, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000002644

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:

Jessica Treto

Name of Person

SER & ASSOCIATES

Name of Firm/Company

2100 PONCE DE LEON BLVD #1180

Address

Coral Gables, FL 33134

City/State and Zip Code

JESSICA@SER-ASSOCIATES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Treto

Name of Person

at (305)

Area Code

222-7282

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Ser L Associates, PLLC

Name of Registered Agent

, hereby resigns as

Registered Agent for BGA Enterprises of Hammocks, LLC

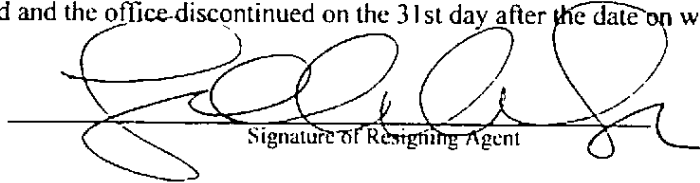
Name of Limited Liability Company

L70000002640

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 of Resigning Agent

If signing on behalf of an entity:

LILLIAN A SER
Typed or Printed Name
Mar.
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, FL

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