

L16 000039123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

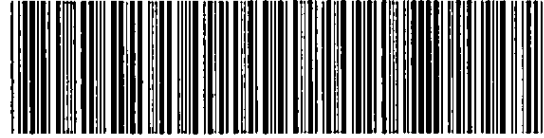
(Document Number)

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20 JAN 23 PM 2:28
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

FEB 19 2020
C McVAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BBD Healthcare Strategies LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000039123

20 JAN 23 PM 2:28
REGISTRATION SECTION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

Name of Person

BBD Healthcare Strategies LLC

Name of Firm/Company

49 N Federal Hwy #135

Address

Pompan Beach FL 33062

City/State and Zip Code

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

For further information concerning this matter, please call:

Dina Lui at (954) 732-6966
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

20 JAN 29 PM 2:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Dina Lui _____, hereby resigns as
Name of Registered Agent

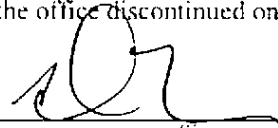
Registered Agent for BBD Healthcare Strategies LLC

Name of Limited Liability Company

L16000039123
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:

Dina Lui

Typed or Printed Name
Registered Agent

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