L16000052854

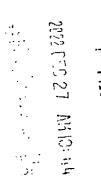
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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A. RIVERS
MAR - 8 2023

COVER LETTER *

TO: Registration Section Division of Corporations

SUBJECT: BMT Window Expressions	s, LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L16000052854	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	•
9900 Spectrum Dr.	
Äddress	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (800 Area Code	773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	sions of section 605.0115, Florida Statutes, the undersi	gned,
United States Corporation Agents, Inc. , hereby re		nereby resigns as
		lereby resigns as
Registered Agent for	BMT Window Expressions, LLC	
	Name of Limited Liability Company	·
L16000052854		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed limited liability co	empany at its last known address.
The agency is terminate	ated and the office discontinued on the 31st day after the	he date on which this statement is filed.
	Signature of Resigning Agent	2022 DEC
If signing on behalf o	f an entity:	2 N F
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agen	<u></u>
	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