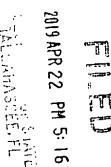
# L16000178044

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cib.	//State/Zip/Phone	- <del>4</del> 0
(City	7-State/Zip/F110f16	= <del>++</del> )
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

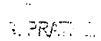
Office Use Only



900327574129



04/22/19--01089--080 ++25.00



### **COVER LETTER**

SUBJECT: BMP REAL ESTATE INVESTMENTS, LLC Name of Limited Liability	
DOCUMENT NUMBER: L16000178044	
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.	
Address	
Austin, TX 78717	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kasandra Lund 1 800	773-0888 x3951
Name of Person at ( 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 provision	ons of section 605.0115. Florida Statutes, the unders	aigned.		
United States Corp	poration Agents, Inc.	hereby resigns as		
Name of Registered Agent		nereny resigns no	resigns as	
Registered Agent for _	BMP REAL ESTATE INVESTMENTS, LLC			
	Name of Limited Liability Company	·		
L16000178044				
Document N	umber, if known			
	on was mailed to the above listed limited liability of and the office discontinued on the 31st day after the signature of Resigning Agent	the date on which this statement is f	iled.	
lf signing on behalf of a	an entity:	7.7 T.7		
	Cheyenne Moseley	2019 APR 22 PF	4	
	Typed or Printed Name		e-character e-character	
	Asst. Secretary for United States Corporation Ager			
	Capacity	PH 5: 16		

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Tallahassee, FL 32314