

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : A1A REGISTERED AGENT INC.
Account Number : 123090000032
Phone : (561) 762-2236
Fax Number : (561) 202-8082

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2021 JAN 14 PM 4:58

LLC REGISTERED AGENT RESIGNATION
BP TAX ADVISORY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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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,

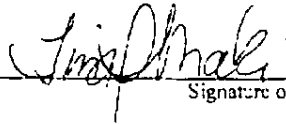
SUPERBIZ REGISTERED AGENT, INC.

_____, hereby resigns as
Name of Registered AgentRegistered Agent for BP TAX ADVISORY LLC_____
Name of Limited Liability CompanyL15000206182

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:

TINA MAKI_____
Typed or Printed NameDP_____
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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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