

L17000125917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

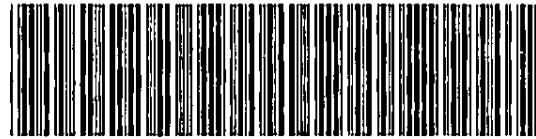
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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RA Resignation

DEC 13 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BCL Homes, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000125917

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:

Michael Foster

Name of Person

BCL Homes, LLC

Name of Firm/Company

5120 North Socrum Loop Road

Address

Lakeland, Florida 33809

City/State and Zip Code

mfl9ew@gmail.com

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

For further information concerning this matter, please call:

Michael Foster

at (813) 478-4456

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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,

Steven C. Pratico

, hereby resigns as

Name of Registered Agent

Registered Agent for BCL Homes, LLC

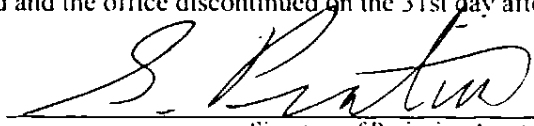
Name of Limited Liability Company

L17000125917

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:

Typed or Printed Name

Capacity

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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