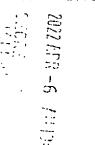


(Requestor's Name)
(Address)
(Address)
(0) (0) (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





04/05/12--01014 -010 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: Bay Area Business Solution, LLC Name of Limited Liability Company
DOC	UMENT NUMBER: L17000225161
The e	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ing.
Please	e return all correspondence concerning this matter to the following:
Unite	ed States Corporation Agents, Inc.
	Name of Person
Lega	ilzoom.com, Inc.
	Name of Firm/Company
9900	Spectrum Dr.
	Address
Aust	in, TX 78717
	City/State and Zip Code
rares	signations@legalzoom.com
	E-mail address: (to be used for future annual report notification)
For fi	urther information concerning this matter, please call:
	800 773-0888
	Name of Person at (800) 773-0888 Area Code Daytime Telephone Number
Enclo liabil liabil	osed is a check made payable to the Florida Department of State for \$85.00 for an active limited ity company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited ity company.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 provision	ns of section 605.0115. Flor	rida Statutes, the unders	signed.	
United States Corp	hereby resigns as			
	Name of Registered Agent	·	neredy realghs to	
Registered Agent for B	ay Area Business Solu	ition, LLC		
	Name of Limited Li	ability Company		 ·
L17000225161				
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the above	listed limited liability c	ompany at its last known add	ress.
The agency is terminate		ed on the 31st day after	the date on which this statem	
If signing on behalf of an entity:			4.788Z	3 1 3
Cheyenne Moseley				
	Typed or Asst. Secretary for United	Printed Name States Corporation Age	ents, Inc.	
	Сар	acity		
	FILING FEES \$ 85.00 Act \$ 25.00 Add wit	S: ive limited liability com ministratively dissolved hdrawn limited liabilit	mpany d/ voluntarily dissolved/ y company	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314