118000012925

(Requestor's Name)		
(Nequestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
, , , , ,		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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COVER LETTER

Division of Corporati	IOHS
SUBJECT: Black Diamond	d Property Group, LLC
	Name of Limited Liability Company
DOCUMENT NUMBER: L	.18000012925
The enclosed Resignation of for filing.	Registered Agent for a Limited Liability Company and fee are submitted
Please return all corresponde	nce concerning this matter to the following:
United States Corporation	Agents, Inc.
Name (of Person
Legalzoom.com, Inc.	
Name of Fi	rm/Company
101 North Brand Blvd. 11t	h Floor
Add	Iress
Glendale, CA 91203	
City/State a	and Zip Code
raresignations@legalzoom	n.com
E-mail address; (to be used to	r future annual report notification)
For further information conce	rning this matter, please call:
Kasandra Lund	,, 800 773-0888 x3951
Name of Person	at () //3-0888 x3951 Area Code Daytime Telephone Number

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. Florida Statutes, the under	signed.	
United States Corp	oration Agents, Inc.	haraba maina a	
Name of Registered Agent		_ , hereby resigns as	
Registered Agent for	lack Diamond Property Group, LLC		
	Name of Limited Liability Company	,	
L18000012925			
Document Nu	mber, if known		
A copy of this resignatio	on was mailed to the above fisted limited liability c	ompany 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		
f signing on behalf of ar	i entity;	<u>3</u> P	
	Cheyenne Moseley	P	
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Age	nts, Inc.	
	Capacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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