## L186000 76997

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: BoldPointe, LLC	
Name of Limited L DOCUMENT NUMBER: L18000076997	nability Company
The enclosed Resignation of Registered Agent for a I for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this matter	ter to the following:
United States Corporation Agents, Inc.	
Name of Person	<del></del>
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	<del></del>
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notific	eation)
For further information concerning this matter, pleas	e call:
Janna Pantoja	0 773-0888 x3950
Name of Person Are	773-0888 x3950 ca Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Depliability company or \$25.00 for an administratively cliability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	of section 605.0115.	Florida Statutes, the undersigned.	
United States Corpora	ation Agents, Inc	, hereby resigns as	
	ame of Registered Agent		
Registered Agent for Bold	dPointe, LLC	<u> </u>	
			·
	Name of Limit	ed Liability Company	
L18000076997			
Document Numb	per, if known		
A copy of this resignation	was mailed to the ab	ove listed limited liability company at its last know	n address.
The agency is terminated a	and the office discon	tinued on the 31st day after the date on which this s	tatement is filed.
_		Signature of Resigning Agent	
If signing on behalf of an c	entity:		
(	Cheyenne Mosel	ey	
_	•	ped or Printed Name	. •
<i>-</i>	Asst. Secretary for Ur	nited States Corporation Agents, Inc.	
		Capacity	
			; <del>-</del>
	FILING I	FEES:	· :
	\$ 85.00 \$ 25.00	Active limited liability company Administratively dissolved/ voluntarily dissolved withdrawn limited liability company	₩ ₩ <u>%</u>

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