## L18000134158

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## **COVER LETTER**

Division of Corporations
SUBJECT: BAY AREA QUALITY SERVICES LLC Name of Limited Liability Company
DOCUMENT NUMBER: L18000134158
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:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
101 North Brand Blvd. 11th Floor
Address
Glendale, CA 91203
City/State and Zip Code
raresignations@legalzoom.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kasandra Lund at (1800) 773-0888 x3951  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\$85.00 for an active limite liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
MAILING ADDRESS: STREET ADDRESS:

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO: Registration Section

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

Pursuant to the provisi	ons of section 605.011	15, Florida Statutes, the undersigno	ed.
United States Corporation Agents, Inc.		, hereby resigns as	
Name of Registered Agent		, .	
Registered Agent for	BAY AREA QUALI	TY SERVICES LLC	
	Name of Lim	ited Liability Company	<del>.</del>
	TY SERVICES LLC umber, if known	_ 18000	134158
A copy of this resignat	ion was mailed to the	above listed limited liability comp	any at its last known address.
The agency is terminate	d and the office discon	tinued on the 31st day after the date	on which this statement is filed.
		Signature of Resigning Agent	
If signing on behalf of	an entity:		
	Cheyenne Moseley		
Typed or Printed Name		<del></del>	
	Asst. Secretary for L	Inited States Corporation Agents, In	<u>c.</u>
		Capacity	· •
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	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ volu- withdrawn limited liability con	intarily dissolved/

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