118000144602

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





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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Bay Area Suppliers LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L18000144602	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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:	
Janna Pantoja 1 800	773-0888 x3950
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011	5, Florida Statutes, the unders	signed.	
United States Corporation Agents, Inc. Name of Registered Agent			, hereby resigns as	
	Name of Lin	rited Liability Company	·	
L18000144602				
Document N	umber, if known			
A copy of this resignati	on was mailed to the a	above listed limited liability c	ompany at its last known address.	
The agency is terminate	ed and the office disco	Signature of Resigning Agent	the date on which this statement is filed.	
If signing on behalf of a	in entity:			
Cheyenne Moseley		;~ <u>1</u>		
Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc.		nts, Inc.		
		Capacity		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liability	npany c l/ voluntarily dissolved/ y company	

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