119000006716

(Req	uestor's Name)	
(Addi	ress)	
(Addi	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate:	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



200366906572

The second of the second

252 Juli - 1 Mt 6: 55

O SIMMONS

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: BRIDGE-TC L.L.C.		
	ranic of	Limited Liability	Company
DOC	JMENT NUMBER: L1900000671	6 	
The er for fili	nclosed Resignation of Registered Ag ng.	ent for a Limited	I Liability Company and fee are submitted
Please	return all correspondence concerning	g this matter to th	ne following:
Unite	d States Corporation Agents, Inc.		
	Name of Person		
Legal	zoom.com, Inc.		
_	Name of Firm/Company		
۱01 ۸	lorth Brand Blvd. 11th Floor		
	Address		
Glend	fale, CA 91203		
	City/State and Zip Code		
raresi	gnations@legalzoom.com		
E-	mail address: (to be used for future annual re	port notification)	
For fu	ther information concerning this mat	ter, please call:	
		800	773-0888)
	Name of Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:

liability company.

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

1NHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

United States Corporation Agents, Inc.		ون 194
Name of Registered Agent	hereby resigns as	ـــــــــــ ين
Registered Agent for BRIDGE-TC L.L.C.		
Name of Limited Liability Com	pany	 ,
L19000006716		
Document Number, if known		
A copy of this resignation was mailed to the above listed limi. The agency is terminated and the office discontinued on the 3		
\wedge	1	
Signature of Resi	gning Agent	
Signature of Resi	gning Agent	
·	gning Agent	
If signing on behalf of an entity:		
If signing on behalf of an entity: Cheyenne Moseley	ne	

FILING FEES:
\$ 85.00 Active limited liability 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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 Talfahassee, FL 32314