L19000148877

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer.	
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Office Use Only



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COVER LETTER

BRAC ENTERPRISES LLC SUBJECT:	
Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L19000148877	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Travis Crabtree	
Name of Person	_
LEGALCORP SOLUTIONS, LLC	
Name of Firm/Company	_
3 Greenway Plaza #1320	
Address	_
Houston, TX 77046	
City/State and Zip Code	_
mrrobski@hotmail.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
LegalCorp Solutions, LLC 888 at (534-3018 Daytime Telephone Number
Name of Person Area Code	: Daytime Lelephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011	5. Florida Statutes, the u	ndersigned.	
LEGALCORP SOLUTIONS, LLC			, hereby resigns a	ıs
	Name of Registered Age	ent		
Registered Agent for _	BRAC ENTERPRISES	LLC		
	Name of Lin	nited Liability Company		
L19000148877				
Document N	iumber, if known			
		Ontinued on the 31st day a		h this statement is filed.
If signing on behalf of	an entity:			
	Travis Crabtree			::1:0
	Member	Typed or Printed Name		7023 HOV
	FILING \$ 85.00 \$ 25.00	Capacity FEES: Active limited liabilit Administratively diss	y company	ssolved/
	\$ 25.00	Administratively diss withdrawn limited lia	olved/voluntarily dis ability company	ssolved/ >

Make checks payable to Florida Department of State and mail to:
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P.O. Box 6327
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COVER LETTER

DD AC CNTCDDDICCC LLC	
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Street Address:

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Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011:	5, Florida Statutes, the undersigned,	,	
LEGALCORP SOLUTION	ONS, LLC	hereb	y resigns as	
	Name of Registered Age		y resigns as	
Registered Agent for _	BRAC ENTERPRISES	LLC		
	Name of Lim	ited Liability Company	,	
L19000148877				
Document N	lumber, if known	 .		
A copy of this resignat	ion was mailed to the a	bove listed limited liability compar	ıv at its last known address.	
		ntinued on the 31st day after the dat Signature of Resigning Agent		74.
If signing on behalf of	an entity:			
	Travis Crabtree			
	T	yped or Printed Name	_	
	Member			
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/volu withdrawn limited liability comp	intarily dissolved/ pany 9: 55	

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