

L19000 156 2SS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

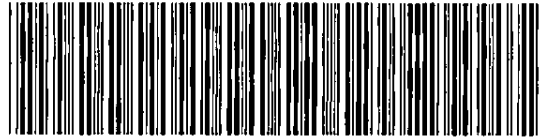
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



800429060348

05/08/24--01019--005 **25.00

FILED

2024 MAY -8 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BTBH LLC /
Name of Limited Liability Company

DOCUMENT NUMBER: L19000156255 /

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:

BRUNO NOVAES BEZERRA CAVALCANTI /
Name of Person

BTBH LLC /
Name of Firm/Company

7901 KINGSPONTE PKWY STE 17
Address

ORLANDO, FL 32819
City/State and Zip Code

brunocavalcanti@queirozavalcanti.adv.br
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUNO NOVAES BEZERRA CAVALCANTI 407 370-3686
Name of Person at (Area Code) Daytime Telephone Number

FILED
2021 MAY -8 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FL

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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 provisions of section 605.0115, Florida Statutes, the undersigned,

INTERNATIONAL DIVISION BY LARSON LLC, hereby resigns as

Name of Registered Agent

Registered Agent for BTBH LLC

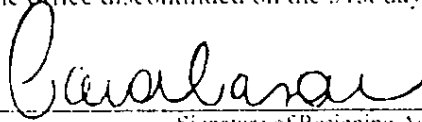
Name of Limited Liability Company

119000156255

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

CAROLINE LARSON

Typed or Printed Name

CEO

Capacity

FILED
2024 MAY -8 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FL

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
Tallahassee, FL 32314