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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** B&D 950 LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L19000176569

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:

NORMAN S. WEINSTEIN  
Name of Person

950-990 MEDICAL LLC  
Name of Firm/Company

2200 BUTTS ROAD, SUITE 310  
Address

BOCA RATON, FL 33431  
City/State and Zip Code

MPRIEST@STATESIDECAP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELANIE PRIEST at ( 561 ) 278-9292  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

**MARK WEINER**

\_\_\_\_\_  
Name of Registered Agent

hereby resigns as

Registered Agent for **B&D 950 LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**L19000176569**

\_\_\_\_\_  
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:

**MARK WEINER**

\_\_\_\_\_  
Typed or Printed Name

**MANAGER**

\_\_\_\_\_  
Capacity

**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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

**FILED**  
**19 NOV -8 AM 11:28**  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA