L19000205910

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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2020 OCT 20 PM 1: 22 SECRETARY OF STATE TALL VALASSES, FI

12/1/20



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Bear Stoned Park LLC			
Name of Lin	nited Liability	Company	
DOCUMENT NUMBER: L19000205910		<u> </u>	
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning thi	s matter to th	e 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	t notification)		
For further information concerning this matter,	please call:		
Jazmine Johnson	800	773-0888	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administrati liability company.	a Department vely dissolved	of State for \$85,00 for an active limited d, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREE	ET ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

FILED

STATEMENT OF RESIGNATION OF REGISTER POAGENT FOR A LIMITED LIABILITY COMPANY SECRETARY OF STATE TALLAMASSES, FI

Pursuant to the provisions	of section 605.0115, Florida Si	atutes, the undersigned,	
United States Corpo	ration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for Be	ar Stoned Park LLC		
	Name of Limited Liability	Company	 ,
L19000205910			
Document Nun	iber, if known		
A copy of this resignation	was mailed to the above listed	limited liability company at its last k	nown address.
The agency is terminated	and the office discontinued on	he 31st day after the date on which the	his statement is filed.
-	Club Signature of	Resigning Agent	
If signing on behalf of an	entity:		
	Cheyenne Moseley		
	Typed or Printe	1 Name	
	Asst. Secretary for United State	Corporation Agents, Inc.	
•	Capacity		

withdrawn limited liability company

Active limited liability company Administratively dissolved/ voluntarily dissolved/

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

FILING FEES:

\$ 85.00 \$ 25.00