

# L200000191376

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

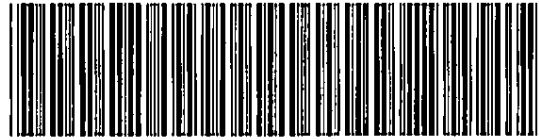
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

FEB 15 2023



000398246440

11/29/22--01074--001 449147, 0

FILED  
2022 NOV 29 AM 8:59

7A

**SUBJECT:** BH Powell Construction LLC

**DOCUMENT NUMBER:** L20000191376

Please return all correspondence concerning this matter to the following:

---

Name of Person

Name of Firm/Company

---

Address

City/State and Zip Code \_\_\_\_\_

E-mail address: (to be used for future annual report notification)

MARIAH ESTERS-RIMMER

MARIAH ESTERS-RIMMER at (888) 534-3018  
 \_\_\_\_\_  
 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

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,

LEGALCORP SOLUTIONS, LLC

hereby resigns as

Name of Registered Agent

Registered Agent for BH Powell Construction LLC

Name of Limited Liability Company

L20000191376

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:

Travis Crabtree

Typed or Printed Name

Member

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withdrawn limited liability company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

2022 NOV 29 AM 8:59

FILED