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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H22000401674 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : I20050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

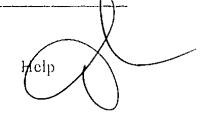
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## REGISTERED AGENT RESIGNATION BH 2912 COLLINS AVE LLC

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Corporate Filing Menu



# HAACCOUCHETTER

TO: Registration Section Division of Corporations

Incorporating Servic

BH 2912 COLLINS AVE LLC SUBJECT:		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L20000346013		
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are	submitted
Please return all correspondence concerning this matter to the	ne following:	
Westley Look		
Name of Person		
Incorporating Services, Ltd.		
Name of Firm/Company		207
3500 S DuPont Highway		2022 DEC
Address	-	520
Dover, DE 19901		•
City/State and Zip Code		AN 8: 30
wlook@incserv.com		30
E-mail address: (to be used for future annual report notification)	•	
For further information concerning this matter, please call:		
Westley Look 302	531-0703	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

H220004016743

### STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florid	la Statutes, the undersign	ned,		
Incorporating Services, Ltd.		. her	_ , hereby resigns as		
4	Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
Registered Agent for BH	2912 COLLINS AVE I	LLC		<del> </del>	
	Name of Limited Liab	ility Company			
L20000346013					
Document Num					
	was mailed to the above lise				iled.
-	Amon CC. Signatu	Explored in the of Resigning Agent	sautt	AH 8: 3	
If signing on behalf of an	entity:			30	
	Amanda A	Archambault			
-	Typed or F	rinted Name	<del></del>		
	Assistant	Secretary			
- -	Сарас	ity			

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi Active limited liability company
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