

L21000076432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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100425207411

03/14/24--01003--009 **85.00

FILED
2024 MAR 14 PM 5:20

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
BP TAX ADVISORY LLC _____, hereby resigns as

Name of Registered Agent

Registered Agent for DROVER CAPITAL HOLDINGS LLC _____

Name of Limited Liability Company

L21000076432 _____

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:

MANUEL LESSA _____

Typed or Printed Name

MANAGER - REGISTERED AGENT _____

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)

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2021 MAR 14 PM 5:20