## L21000076444

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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1 Lmills

...\*

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Name of Registered Agent

BP TAX ADVISORY LLC

. hereby resigns as

Registered Agent for \_\_\_\_\_

Name of Limited Liability Company

L21000076444

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.

e of Resigning Agent

If signing on behalf of an entity:

MANUEL LESSA

Typed or Printed Name MANAGER - REGISTRED AGENT

Capacity

2021; HAR 14; PH 5: 13 

10

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	withdrawn limited liability company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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