2/20/23, 12:20 PM

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000065589 3)))



H230000655893ABC5

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To:

Division of Corporations

Fax Number : (850)617-6383

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. \*\*

Email Address:\_

### LLC REGISTERED AGENT RESIGNATION BH 1500 SW 1ST AVENUE LLC

Certificate of Status	0
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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

HelpT. LEMIEUX MAR 2 8 2023 TO: Registration Section

## H23000065589 3

#### COVER LETTER

Division of Corporations	
SUBJECT: BH 1500 SW 1ST AVENUE LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000097893	
The enclosed Resignation of Registered Agent for a Limited for filing.	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	
3500 S DuPont Highway	
Address	•
Dover, DE 19901	
City/State and Zip Code	•
wlook@incserv.com	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Taliahassee, FL 32301

# H23000065589 3

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

Incorporating Services, Ltd.  Name of Registered Agent		, hereby resigns as			
Registered Agent for BH 1	500 SW 1ST AVENUE LLC				
	Name of Limited Liability Company			,	
L21000097893					
Document Numbe	r, if known				
A copy of this resignation w	vas mailed to the above listed limited	liability company at its last	known addre	ess.	
The agency is terminated ar	nd the office discontinued on the 31st	day after the date on which	this stateme	nt is fil	ed.
3,		,			
	Alchebam	weelt		~ *	
	Signature of Resignin	g Agent		023	
If signing on behalf of an en	ntity:			~**: ~ <u>*</u>	
	Amanda Archamba	ult		2023 K 1R 27	ŗ.
_	Typed or Printed Name		, <del>-</del>		() () ()
	Assistant Secretary	/	· 	32	`-
	Capacity			PH 1:37	
			퓻	37	
	FILING FEES: \$ 85.00 Active limited lia \$ 25.00 Administratively	ability company dissolved/ voluntarity diss	olved/		
	withdrawn limite	ed liability company	.71 - 6411		

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