8/23/22, 11:00 AM

Division of Corporations



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.

(((H22000284896 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : 120050000052

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:____

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LLC REGISTERED AGENT RESIGNATION BH 100 SE 4TH ST LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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Help

BH 100 SE 4TH ST LLC

H/22 000 2848463

TO: Registration Section Division of Corporations

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L21000178606	Company
DOCUMENT NUMBER: 22.100011.0000	
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 th	e 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 at (at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

H22000284896 3

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115, Florida	Statutes, the undersigned,	
Incorporating Service	es, Ltd.	hereby res	ions as
	Name of Registered Agent		.5
Registered Agent for Bh	1 100 SE 4TH ST LLC		
	Name of Limited Liabili	ty Company	1
L21000178606			
Document Nur	nber, if known		
•		ed limited liability company at	
The agency is terminated	and the office discontinued o	n the 31st day after the date on	which this statement is filed.
If signing on behalf of an	_	of Resigning Agent	2022 AUG 29 2022 AUG 29 SLORE LAN FALLAHASSI
	Typed or Pris	nted Name	- BBC ma⊈c
	Assistant S	Secretary	PH C
	Capacit	,	3: 30 ORD

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Active limited liability company

Administratively dissolved/voluntarily dissolved/withdrawn limited liability company

FILING FEES:

\$ 85.00

\$ 25.00