

221000318917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

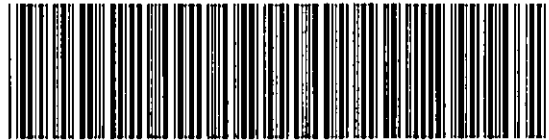
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100393285611

09/12/22--01025--002 **85.00

STATE OF
TAKLASHSIP

SEP 12 PM 3:51

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIMA 2021 LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L21000318817

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sierra Campos

Name of Person

First Corporate Solutions Inc

Name of Firm/Company

914 S St

Address

Sacramento CA 95811

City/State and Zip Code

RAServices@ficoso.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sierra Campos

Name of Person

at (916)

Area Code

3138925

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
FIRST CORPORATE SOLUTIONS, INC. _____, hereby resigns as
Name of Registered Agent

Registered Agent for BIMA 2021 LLC _____
Name of Limited Liability Company

L21000318817 _____
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:

Sierra Campos _____
Typed or Printed Name
Assistant Secretary _____
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

FILED
SEP 12 PM 3:51
TALLAHASSEE, FL
STATE DEPT. OF STATE