L22000212516

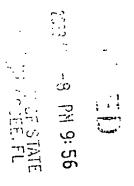
(Requestor's Name	e)
(Address)	
(Address)	
(City/State/Zip/Pho	:ne #)
PICK-UP WAIT	MAIL
(Business Entity N	ame)
(Document Numbe	er)
Certified Copies Certificat	es of Status
Special Instructions to Filing Officer:	

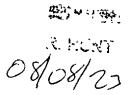
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: BFM Consulting Defense	Contracts L	LC		
Name of Limited Liability	Company	_	_	
DOCUMENT NUMBER: L22000212516			_	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company a	ınd fee a	are sul	bmitted
Please return all correspondence concerning this matter to tl	ne following:			
United States Corporation Agents, Inc.				
Name of Person				
Legalzoom.com, Inc.				
Name of Firm/Company			,	
9900 Spectrum Dr.			 	
Address		. ~	,	•
Austin, TX 78717		S.	င်ာ	. h.
City/State and Zip Code		SSEE, FL	<u> </u>	()
raresignations@legalzoom.com		근물	9: 56	
E-mail address: (to be used for future annual report notification)		111	Ů.	
For further information concerning this matter, please call:				
at (773-0888			
Name of Person Area Code	Daytime Telephone ?	Vumber	_	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

United States Co			dersigned,		
Officed States Ci	. hereby resigns as				
	Name of Registered Ag		, hereby resigns as		
Registered Agent for	BFM Consulting D	efense Contracts LLC			
	<u> </u>			<u>.</u>	,
	Name of Lit	mited Liability Company			
L22000212516					
Documer	t Number, if known				
A copy of this resign	nation was mailed to the	above listed limited liability	y company at its last kr	nown addre	SS.
The agency is termin	nated and the office disc	ontinued on the 31st day aft	er the date on which th	nis statemen	it is filed.
		Signature of Resigning Agent			
		orginature or recogning Agent			
If signing on behalf o	of an entity:	orginature of Resigning Agent			
If signing on behalf of	of an entity: Cheyenne Mos				
If signing on behalf o	Cheyenne Mos			700 100 100 100 100 100 100 100 100 100	
If signing on behalf o	Cheyenne Mos	eley			,
If signing on behalf o	Cheyenne Mos	eley Typed or Printed Name		7623 - 8	

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