L23000 118436

(Requestor's Name)
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(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

SUBJECT: BMS Delivery LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L23000118436	
The enclosed Resignation of Registered Agent for a Limited Liability Company and for filing.	fee are submitted
Please return all correspondence concerning this matter to the following:	
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	© 180
9900 Spectrum Dr.	2024 JUNI 12 PR 4: ON SECRETARIES STATE
Address	7
Austin, TX 78717	PS PS
City/State and Zip Code	图6 石
raresignations@legalzoom.com	11 E
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
31 (800 773-0888	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

Registration Section Division of Corporations

TO:

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

Area Code Daytime Telephone Number

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unde	rsigned,
United States Corp	nited States Corporation Agents, Inc. hereby resigns as	
	Name of Registered Agent	, hereby resigns as
Registered Agent for _	BMS Delivery LLC	
	Name of Limited Liability Company	
L23000118436		
Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liability	company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after	the date on which this statement is filed.
	Trik Treutlein	the date on which this statement is filed.
	Signature of Resigning Agent	12
If signing on behalf of a	an entity:	20 P 13
	Erik Treutlein	
	Typed or Printed Name	—— E
	Vice President for United States Corporation Age	ents, Inc.
	Capacity	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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