

L23000393269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

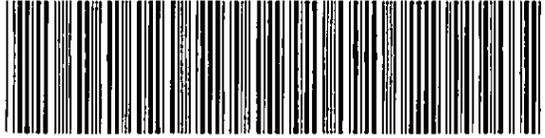
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2025 SEP 19 PM 12:57

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11-12-25

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

DTR RANGEL & ASSOCIATES, LLC
_____, hereby resigns as
Name of Registered Agent

Registered Agent for BT PERFORMANCE ACADEMY, LLC

Name of Limited Liability Company

L23000393269

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:

DIEGO RANGEL

Typed or Printed Name
MANAGER

Capacity

2025 SEP 19 PM 12:57

1000000000

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withdrawn limited liability company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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESIGNATION OF A REGISTERED AGENT
Name of Limited Liability Company

DOCUMENT NUMBER: L23000393269

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:

GERARDO BARRETO
Name of Person

BT PERFORMANCE ACADEMY, LLC
Name of Firm/Company

3940 NW 79TH AVE APT. 444
Address

MIAMI, FL 33166
City/State and Zip Code

gfbarretop@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERARDO BARRETO at (786) 200-6412
Name of Person Area Code Daytime Telephone Number

2025 SEP 19 PM 12:00

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