

MO5000001244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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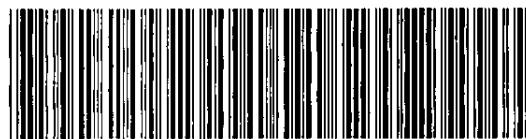
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. LEMUEL
N. K. S.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bryco Enterprises, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M05000001244

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:

Claire A. Duchemin

Name of Person

Claire A. Duchemin PA

Name of Firm/Company

1615 Village Square Blvd., Suite #7

Address

Tallahassee, FL 32309

City/State and Zip Code

caduchemin@live.com

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

For further information concerning this matter, please call:

Claire A. Duchemin

Name of Person

at (850) 270-9870

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Claire A. Duchemin, hereby resigns as
Name of Registered Agent

Registered Agent for Bryco Enterprises, LLC

Name of Limited Liability Company

M05000001244

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.

Claire A. Duchemin

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
15 APR 22 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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