M05000005410

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies : Certificates:of Status
Special Instructions to Filing Officer:
Special matructions to 1 ming Officer.
·

Office Use Only



700156399447

06/12/09--01068--008 **35.00

700156399447 06/30/09--01015--024 **50.00

A leser 1-1-09

COVER LETTER

SUBJECT: THE BETHANY MANAGEMENT GROUP, LLC Name of Limited Liability Company
DOCUMENT NUMBER: M0500005410
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:
VALERIE CHAVEZ Name of Person
PARACORP INCORPORATED Name of Firm/Company
PO BOX 160568 Address
SACRAMENTO, CA 95816-0568 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
VALERIE CHAVEZ at (800) 4478527 Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section Division of Corporations

TO:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2009

VALERIE CHAVEZ PARACORP INCORPORATED P. O. BOX 160568 SACREMENTO, CA 95816-0568

SUBJECT: THE BETHANY MANAGEMENT GROUP, LLC

Ref. Number: M05000005410

We have received your document for THE BETHANY MANAGEMENT GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active limited liability company is \$85.00.

There is a balance of \$50.00 due to file the resignation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 609A00020410

2009 JUN 30 AM 8: 01 SECRETARY OF STATE

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY	
Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned, PARACORP INCORPORATED Name of Registered Agent Name of Registered Agent	•
Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,	2
PARACORP INCORPORATED , hereby resigns as Name of Registered Agent , hereby resigns as	
Registered Agent for THE BETHANY MANAGEMENT GROUP, LLC	
Name of Limited Liability Company,	
M0500005410 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:	
NINH HO	
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