

106000004039

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARSKI PA
Account Number : 076424000767
Phone : (305) 443-3334
Fax Number : (305) 443-3292

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
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LLC REGISTERED AGENT RESIGNATION
BHI SUMMERWINDS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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JAN 27 2013

T. HAMPTON

11140000187483

COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** **BHI SUMMERWINDS, LLC**

Name of Limited Liability Company

DOCUMENT NUMBER: **M06000004039**

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:

OSCAR R. RIVERA, ESQ.

Name of Person

SIEGFRIED, RIVERA, HYMAN, ET. AL.

Name of Firm/Company

8211 W. BROWARD BLVD. #250

Address

PLANTATION, FL 33324

City/State and Zip Code

orivera@srhl-law.com

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

For further information concerning this matter, please call:

OSCAR R. RIVERA

Name of Person

at

954

Area Code

781-1134

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

11140000189483

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

SKRLD, INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for

BH1 SUMMERWINDS, LLC

Name of Limited Liability Company

M06000004039

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:

OSCAR R. RIVERA

Typed or Printed Name

DIRECTOR

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

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