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DISCOTT

COVER LETTER

SUBJECT:	BrownDeer Group Hole	dings, LLC	
SUBJECT.	Name of Limited Liability	Company	
DOCUMENT NUMBER:	M07000000411	<u> </u>	
The enclosed Resignation of Refor filing.	egistered Agent for a Limited	l Liability Company and fee are submitte	ed
Please return all correspondence	e concerning this matter to th	ne following:	
Kaitie Sp	perry		
Name of	Person		
Corporate D	Direct, Inc.		
Name of Firn	1/Company	-	
2248 Meridia	n Blvd., Ste H		
Addre	ess	7. 2	
Minden, N	V 89423	TILLU P 2: 24 TALLAHYSSEL TLORIDA	
City/State and	d Zip Code	\$50 = 1	i
info@corpora	tedirect.com	7 T	ነ }
E-mail address: (to be used for	future annual report notification)	7:	
For further information concern	ning this matter, please call:	2.u	
Kaitie Sperry	775 at (782-2201	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made paya liability company or \$25.00 for liability company.	ble to the Florida Department an administratively dissolved	at of State for \$85.00 for an active limited dissolved or withdrawn limited at the state of the	d mited
MAILING ADDRESS:	· ·	ET ADDRESS:	
Registration Section		ration Section	
Division of Corporations		on of Corporations	
P.O. Box 6327		Building	
Tallahassee, FL 32314		xecutive Center Circle	
	Tallaha	issee, FL 32301	

INHS17 (2/14)

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115	, Florida Statutes, the unde	ersigned,			
Gerri Detweiler		, hereby re	esions as			
	Name of Registered Agent					
Registered Agent for	BrownD	eer Group Holdings, I	_LC			
	Name of Limi	ted Liability Company				;
M0700	0000411		!			
Document Nur	mber, if known					
	I and the office discon	nove listed limited liability attinued on the 31st day after the state of Resigning Agent				
lf signing on behalf of ar	i entity:	Signature of Resigning Agent erri Detweiler		TALLAI	2917 OCT 10 F2 2:	
		Typed or Printed Name				
	Registered Agent			25-	0	Ш
		Capacity		TALLAHASSEL FLORIDA	D 2: 2h	D
	\$ 85.00 \$ 25.00	EEES: Active limited liability of Administratively dissolve withdrawn limited liability.	ompany ed/ volunta lity compar	arily dissolved ny	i /	
	Make checks payab	le to Florida Department of Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	State and n	nail to:		