# m10000003613

	• .	
(F	Requestor's Name)	<del></del>
<u> </u>		
(A	\ddress)	
•	Address)	
(-	iduless)	
((	City/State/Zip/Phone #)	
,		
PICK-UP	☐ WAIT	MAIL
	•	
(E	Business Entity Name)	
(L	Document Number)	
Certified Copies	Certificates of	Status
•		
Special Instructions t	o Filing Officer	
· ·	o Filing Officer.	
,		
<u> </u>		

Office Use Only



300292316823

300292316823 11/28/16--01036--012 \*\*25.00

SECKETARY OF STATE

S Warren NOV 3 0 2016

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

BMT ACQUISITION, LLC SUBJECT: Name of Limited Liability Company M11000003613 **DOCUMENT NUMBER:** 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: Bonnie Yerry Name of Person Corporation Service Company Name of Firm/Company 80 State street Address Albany NY 12207 City/State and Zip Code bverrv@cscinfo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bonnie Yerry Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115,	, Florida Statutes, the und	ersigned,			
Corporation Service Company, hereby re		herehv resia	nc ac			
		_ , nereoy resig	113 43			
Registered Agent for B	MT ACQUISI	ΓΙΟΝ, LLC				
	Name of Limit	ed Liability Company				,
M11000003	613					
Document Num	ber, if known					
A copy of this resignation	was mailed to the ab	ove listed limited liability	y company at it	s last knov	wn add	lress.
The agency is terminated	Corporati Row	tinued on the 31st day after on Service Company of Company of Resigning Agent		vhich this		ent is filed.
If signing on behalf of an	•		`	E	200 200 200 200 200 200 200 200 200 200	477.5
Bonnie Yerry				<b>A</b>	******	
Typed or Printed Name		•	SSA	.ာ <b>လ</b>	I	
Asst. Secretary		<del></del>	70	<b>→</b>	П	
		Capacity	*t	STATE	η <b>ξ</b> & 3μ	D
	FILING F	EES:		7		
	\$85.00 \$25.00	Active limited liability of Administratively dissolve withdrawn limited liabi	:ompany /ed/ voluntarily lity company	dissolve dissolve	d/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314