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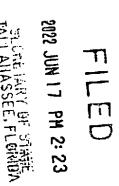
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605,0115, Florida Statutes, the undersigned,
Capito	l Corporate Services, Inc. , hereby resigns as
	Name of Registered Agent
Registered Agent for	BJ SERVICES, LLC OF Delewie
	Name of the Limited Liability Company
	0000939 unber, if known
A copy of this resignation	on was mailed to the above listed limited liability company at its last known address.
The agency is terminate	d 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 a	n entity:
	Yvette Cleveland
	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	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company

INHS17 (2/14)



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