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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : 120160000048 : (800)345-4647 Phone Fax Number : (800)432-3622

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LLC REGISTERED AGENT RESIGNATION **BSC-TRP ORLANDO I LLC**

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115	5, Florida Statutes, the ur	idersigned,						
Capito	l Corporate Servi	ices, Inc.	, hereby resigns a	ıs					
	Nume of Registered Agen	nt	_ '						
Registered Agent for	BSC-TRP ORLANDO I LLC								
		Name of the Limited Liabi	lity Company						
M1900	0011150								
	mber, if known								
A copy of this resignation	on was mailed to the a	bove listed limited liabili	ity company at its las	st known ad	ldress.				
_						•1 1			
The agency is terminated	d and the office discor	ntinued on the 31st day a	Her the date on which	in this states	ment is l	iled.			
	3,	in Brelevi							
		Signature of Resigning Ager	11						
If signing on behalf of a	n entity:								
	{	Brian Radecki							
	Ty		Σú	202					
	Ass		آرد	<u>~</u> ~					
		Capacity		TALLAHA	Ē	11			
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited liab	company lved/voluntarily dis pility company	SSE	2025 JUN -4 PM 12: 17				

INHS17 (2/14)

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