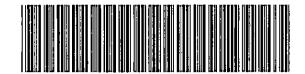
M21000017097

(Requestor's Name)
(Address)
(100.000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
openial mandatoris to 1 ming officer.

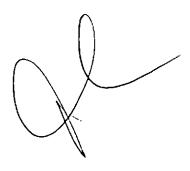
Office Use Only



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COVER LETTER

SUBJECT:	BKCoin Management LLC		
Sobject	Name of Limited Liability	Company	
DOCUMENT NUMBER:	M21000017097		
The enclosed Resignation of For filing.	Registered Agent for a Limite	d Liability Company and fee are subr	nitted
Please return all corresponden	ce concerning this matter to t	he following:	
	Betancourt		
Name of	Person	-	
BKCoin Mar	nagement LLC		
Name of Fire	m/Company	-	
1101 Brickell Av	venue South Tower #8		
Addi	ress	2023	
Miami, Flo	orida 33131	2022 DEC 16 AM 8: 23	7 T
City/State ar	ıd Zip Code	16	
			لاً ۾ عد
E-mail address: (to be used for	future annual report notification)	- ij , a	, &
For further information concer	rning this matter, please call:	23	,)
	-4 (
Name of Person	at (at Code	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of s	ection 605.0115, Florida Statutes, the ur	ndersigned,		
Dzuba Law, P.A.		, hereby resigns as		
Name				
Registered Agent for	BKCoin Management LLC			
	Name of Limited Liability Company			
M21000017097				
Document Number, i	f known			
	s mailed to the above listed limited liabil the office discontinued on the 31st day a			iled
	/s/ Peter Dzuba	· · · · · · · · · · · · · · · · · · ·	2022 DEC	
	Signature of Resigning Age	nt je		3
If signing on behalf of an entit	y:	nt 22 22 22 22 22 22 22 22 22 22 22 22 22	5 7	
	Peter Dzuba	다. (건) 		77 —
	Typed or Printed Name		8: 23	
	President, Dzuba L	aw, P.A.	23	
	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