Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT RESIGNATION **BRIGHTIAM LLC**

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Estimated Charge	\$25.00

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Stat	ates, the undersigned.
REGISTERED AGENTS, INC.	the undersigned.  the hereby resigns as
Name of Registered Agent	\$ 2 M
Registered Agent for BRIGHTIAM LLC	
	, vi
Name of Limited Liability Co	mpany (C)
M22000016537	
Document Number, if known	
A copy of this resignation was mailed to the above listed lin	nited liability company at its last known address.
The agency is terminated and the office discontinued on the	31st day after the date on which this statement is filed.
Signature his Ro	20Yt 53:
If signing on behalf of an entity:	
David Rob	
Typed or Printed N	lame
Assistant Sec	cretary

Capacity

FILING FEES: 5 85.00 Active limited liability company \$ 85.00 \$ 25.00 Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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