P04000161750

(Requestor's Name)				
(Address)				
(Address)				
(City/State/7)a/Dhana (i)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				

Office Use Only



600435078096

08/20/24~-01032~-004 **2380.00



COVER LETTER

10:	Division of Corporations
SUBJI	BAINBRIDGE LAUREL, INC.
	(Name of Corporation)
DOCL	JMENT NUMBER: P04000161750
The en	iclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Jeffrey .	A. Deutch
	(Name of Person)
Nelson	Mullins Riley & Scarborough LLP
	(Name of Firm/Company)
1905 N	W Corporate Boulevard, Suite 310
_	(Address)
Boca Ra	aton, FL 33431
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Jeffrey /	A. Deutch 561 343-6960 at ()
	(Name of Person) at () (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the	provisions of sect	tions 607.0503(2), 617.0502(2), 607.1	1509, or 617.1509.		
Florida Statutes	, the undersigned	Jeffrey Deutch			
	(Name of Registered Agent)				
hereby resions a	s Registered Age	ant for BAINBRIDGE LAUREL, INC.			
norosy romans a	ereby resigns as Registered Agent for (Name of Corporation)				
P04000161750					
(Documen	t Number, if known))			
A copy of this re	esignation was m	ailed to the above listed corporation a	it its last known address.		
The agency is te this statement is		office discontinued on the 31st day a	fter the date on which		
		(Signature of Resigning Agent)			
If signing on bel	half of an entity:				
	Jeffrey Deutch		2024 AI		
		(Typed or Printed Name)	HA 200 2		
	Partner		TALLAHASSEE, FLORID		
		(Capacity)	12: 54 STATE LORID		

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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