Pi100038619

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100272762691

05/14/15--01018--021 **87.50

BIVISH A CHICARCE AND SHOULD BE SHOU

C.L. 15

COVER LETTER

TO: Amendment Section **Division of Corporations** GROUP, INC. (Name of Corporation) DOCUMENT NUMBER: P11000038619 The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Person) DANIEL LENGHEA, PA (Name of Firm/Company) 13899 BISCAYNE BLVD #415 (Address) NORTH MIAMI BEACH, FL 33181 (City/State and Zip Code) For further information concerning this matter, please call:

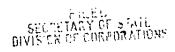
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

DANIEL LENGHEA

(Name of Person)

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Ţ

15 HAY 14 AH 7: 42

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, DANIEL LENGHEA PA
(Name of Registered Agent)
hereby resigns as Registered Agent for BAMBOO GROUP, INC.
(Name of Corporation)
P11000038619
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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.
- Contract -
(Signature of Resigning Agent)
If signing on behalf of an entity:
DANIEL LENGHEA PA TSQ (Typed or Printed Name)
PRESIDENT
(Capacity)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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