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(Re	equestor's Name)	
(Ac	ldress)	
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(Cr	ty/State/Zip/Phone	∋#)
PICK-UP	☐ WAIT	MAIL
(Ві	ısiness Entity Nar	ne)
(Do	ocument Number)	
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJI	ECT: Bast Southeast, Inc.
	(Name of Corporation)
DOCU	JMENT NUMBER: P92000013502
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Gisel	la Fasco
	(Name of Person)
Broa	d and Cassel
	(Name of Firm/Company)
2 So	uth Biscayne Boulevard, 21st Floor
	(Address)
Miam	ni, Florida 33131
	(City/State and Zip Code)
For fur	rther information concerning this matter, please call:
Gisela	a Fasco at ( 305 ) 373-9419 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ns 607.0502(2), 617.0502(2), 607.1509, or 617.	.1509,		
Florida Statutes, the undersigned, _	B & C Corporate Services, Inc.			
	(Name of Registered Agent)			
hereby resigns as Registered Agent	for Bast Southeast, Inc.		,	
	(Name of Corporation)			
P92000013502				
(Document Number, if known)				
A copy of this resignation was mail	ed to the above listed corporation at its last kno	wn addre	ess.	
The agency is terminated and the of this statement is filed.	fice discontinued on the 31st day after the date	on which	1	
J. selec	Jases			
	(Signature of Resigning Agent)	15 Zi	0	
If signing on behalf of an entity:	•	CRE	08 JAN 30	TI
Gisela Fasco		FARY ASSE	30	Christian
	(Typed or Printed Name)	F-Q	<b>PH</b>	
Vice President	!	FLORI	<u>.</u>	O

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)