

L 01000011509

(Requestor's Name)

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(City/State/Zip/Phone #)

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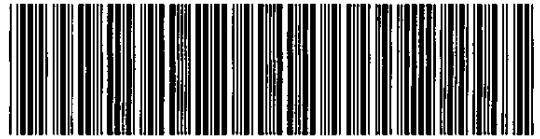
(Business Entity Name)

(Document Number)

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The diagram illustrates a two-stage sampling process. At the top, a large circle is labeled 'N'. Inside this circle is a smaller circle labeled 'n'. Inside the 'n' circle is an even smaller circle labeled 'm'. Arrows indicate the flow of selection: from the 'N' circle to the 'n' circle, and from the 'n' circle to the 'm' circle. Below the 'N' circle, the text 'Stage 1' is written. Below the 'n' circle, the text 'Stage 2' is written. Below the 'm' circle, the text 'Sample' is written.

TO: Amendment Section
Division of Corporations

SUBJECT: B.B./SADI, L.L.C.
(Name of Limited Liability Company)

DOCUMENT NUMBER: L01000011509

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Binetou Diadhiou
(Name of Person)

(Name of Firm/Company)

8807 Rustic Trail Court
(Address)

Tampa, Florida 33635
(City/State and Zip Code)

For further information concerning this matter, please call:

G. Michael Nelson at (813) 221-0999
(Name of Person) (Area 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

G. Michael Nelson

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **B.B./SADI, L.L.C.**

(Name of Limited Liability Company)

L01000011509

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited 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 of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(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

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