## P819000000188

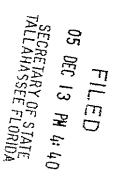
(Requestor's Name)
(Address)
(Address)
<b>(</b> ,
(6) 10 1 57 10
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

	nendment Section vision of Corporations
SUBJEC"	r: Broadhead Development, LLC (Name of Corporation)
DOCUM	ENT NUMBER: L04000006788
The enclos	sed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please retu	urn all correspondence concerning this matter to the following:
Tammai	ra Baltzell
	(Name of Person)
Watervi	ew Development, LLC
	(Name of Firm/Company)
#288 98	1 Hwy 98 East Suite 3
	(Address)
Destin, I	Florida 32541
<u> </u>	(City/State and Zip Code)
For further	r information concerning this matter, please call:
Tammara	a Baltzell at ( 850 ) 259-7184  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed i or \$35.00	s a check made payable to the Florida Department of State for \$87.50 for an active corporation for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Clifton Bu 2661 Exec	nt Section Amendment Section  f Corporations Division of Corporations

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections $607.0502(2)$ , $617.0502(2)$ , $607.1509$ , of $617.1509$ ,
Florida Statutes, the undersigned, Tammara Baltzell
(Name of Registered Agent)
hereby resigns as Registered Agent for Broadhead Development, LLC
(Name of Corporation)
L0400006788
(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.
And I model OU CITY & 1)
(Signature of Resigning Agent)
(Continuo en habelf of an antity)
If signing on behalf of an entity:
(Typed or Printed Name)
(Typed of Timed Canaly)
(Capacity)
CCRE AH
ASA E T
Fee for filing this document: $S_{\alpha}^{\beta} \sim S_{\alpha}^{\beta} $
\$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withdrawn corporation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