## 104000008431

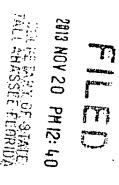
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Second Street Venture, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L04000008431
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:
Ruth Martell
Name of Person
BDB Agent Co.
Name of Firm/Company
3800 Embassy Parkway, Suite 300
Address
Akron, OH 44333
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ruth Martell (330 ) 643-0204
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for \$85.00 for an active line liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
MAILING ADDRESS: STREET ADDRESS:
Amendment Section Amendment Section
Division of Corporations  Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 608.416(2) or 608.509,	, Florida Statutes, the undersigned,		
BDB Agent C	Ю.	, hereby resigns as		
	Name of Registered Agent	,,,,,,,,,,		
Registered Agent for	Second Street Venture,	LLC	<del></del>	
	Name of Limited Liability Cor	mpany	·	
L0400000843	31			
Document	Number, if known			
A copy of this resignation	ation was mailed to the above listed lin	nited liability company at its last known ac	ldress.	
The agency is terminate	ated and the office discontinued on the	31st day after the date on which this state	ment is fil	led.
	Ruch O. War Signature of Re	Signing Agent	2813 NOV	7
If signing on behalf o	######################################			
	Ruth A. Martell			
	Typed or Printed N	lame CO	PH 12: 40	
	Assistant Secretary	lame CA	E	مسيه
	Capacity		0	

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