# #\_10500010394

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
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K. SALY EXAMINER JUN 13 2012

### **COVER LETTER**

CONTRACT CO	ntinuum 3401, LLC
SUBJECT: CO Name	of Limited Liability Company
DOCUMENT NUMBER:	L05000010394
The enclosed Resignation of Registered Afor filing.	Agent for a Limited Liability Company and fee are submitted
Please return all correspondence concern	ing this matter to the following:
Ruth A. Martell Name of Person	<del></del>
BDB Agent Co. Name of Firm/Company	<del></del>
3800 Embassy Parkway, Su Address	uite 300
Akron, OH 44333 City/State and Zip Code	
E-mail address: (to be used for future annual For further information concerning this n	•
Ruth A. Martell Name of Person	at ( 330 ) 643-0204 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provision	ons of section 608.416(2) or 608.309,	rionda Statutes, the undersigned	<u>!,</u>
	BDB Agent Co.	, hereby resigns as	4
	Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE WE TO
Registered Agent for _	Contin	uum 3401, LLC	<b>V</b> ()
	Name of Limited Liability Con	mpany	وبم را المراجع
	00010394 Number, if known		ORD TO
A copy of this resignat	ion was mailed to the above listed lim	nited liability company at its last k	known address.
The agency is terminate	ed and the office discontinued on the	31st day after the date on which t	this statement is filed.
	Signature of Re	Yatti signing Agent	
If signing on behalf of	an entity:		
	Ruth A. Mar	tell	
	Typed or Printed N	ame	
	Assistant Secr	etary	
	Capacity	<del></del>	

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314