# L05000020688

(Requestor's Name)			
(Address)			
(Address)			
·			
(City/State/Zip/Phone #)			
·			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to raining Officer.			





000187752880

11/18/10--01007--002 \*\*137.50

10 NOV 18 PM 1:39
SECRETARY OF STATE
ALLAHASSEF FLORIE

J. BRYAN

NOV 1-9 2010

**EXAMINER** 

### **COVER LETTER**

SUBJECT: Snug Harbour Dev Name of Limited L	ability Company
DOCUMENT NUMBER: L05	000020688
The enclosed Resignation of Registered Agent for a I for filing.	imited Liability Company and fee are submitted
Please return all correspondence concerning this matt	er to the following:
Ruth A. Martell	. <del> </del>
Name of Person	
BDB Agent Co.	7000
Name of Firm/Company	AR Q
3800 Embassy Parkway, Suite 300 Address	- ASSET
Akron, Ohio 44333	10 NOV 18 PM 1: 39 TALLAHASSEE, FLORID
City/State and Zip Code	5F
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please	call:
Ruth A. Martell at ( 3 Are	30 ) 643-0204 a Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Depa liability company or \$25.00 for an administratively di limited liability company.	extrement of State for \$85.00 for an active limited ssolved, voluntarily dissolved or withdrawn

#### MAILING ADDRESS:

**TO:** Amendment Section Division of Corporations

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	s of section 608.416(2) or 608	3.509, Florida Statutes, the undersigned,	
	BDB Agent Co.	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	Snug Ha	arbour Development, LLC	<del></del>
	Name of Limited Liabili	ity Company	
L05000	020688		
Document Nu	nber, if known		
A copy of this resignatio	n was mailed to the above liste	ed limited liability company at its last known add	dress.
The agency is terminated	and the office discontinued or	n the 31st day after the date on which this staten	nent is filed.
	Ruh a. Signature	of Resigning Agent	
If signing on behalf of ar	entity:		
	Ruth A.	Martell	
	Typed or Prii	nted Name A S	10 NOV 18
	Assistant S	Secretary SR	5 7
	Capacity	AAA	فقيدة سيه
		SSEE. FL	8 PM 1: 39
	FILING FEES: \$ 85.00 Active \$ 25.00 Admini withdra	limited liability company istratively dissolved/voluntarily dissol	: 3 <b>9</b>

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