# L05000020697

•
(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 Filing Officer.

Office Use Only



900187752899

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

10 NOV 18 PH 1: 39
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

NOV 1 9 2010

**EXAMINER** 

#### **COVER LETTER**

SUBJECT: Watson Bayou Development, LLC  Name of Limited Liability Company
DOCUMENT NUMBER: L05000020697
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 A. Martell
Name of Person
BDB Agent Co.
Name of Firm/Company
3800 Embassy Parkway, Suite 300
Address SST P
Name of Firm/Company  3800 Embassy Parkway, Suite 300  Address  Akron, Ohio 44333  City/State and Zip Code
City/State and Zip Code
τ•
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ruth A. Martell at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### 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	ns of section 608.416	(2) or 608.509, Florida S	tatutes, the undersigned,	
BDB Agent Co.			, hereby resigns as	
	Name of Registered Age	ent		
Registered Agent for	Watson Bayou Development, LLC			
	Name of Lin	nited Liability Company		,
L05000	020697			
Document Nu	mber, if known			
A copy of this resignatio	n was mailed to the a	above listed limited liabili	ity company at its last know	wn address.
The agency is terminated	and the office disco	ntinued on the 31st day a	fter the date on which this	statement is filed.
	Pur	L. Matell Signature of Resigning Age	ent .	
If signing on behalf of ar	n entity:			75 TO 10 TO
	i	Ruth A. Martell		F 5 7
Typed or Printed Name				FR =
Assistant Secretary				SER TO
		Capacity		
				NOV 18 PM 1:39 CCRETARY OF STATE CLAHASSEE, FLORIDA
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited liab	y company olved/ voluntarily dissolve bility company	· ·d/

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