## 

(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.				





12/09/08--01008--008 \*\*35.00





## **COVER LETTER**

	endment Section ision of Corporations		
SUBJECT	Blackwood Inves	stments LLC (Name of Corporation	on)
DOCUME	NT NUMBER:L050	00097929	
The enclose	ed Resignation of Registe	ered Agent for a Corpora	ation and fee are submitted for filing.
Please retui	rn all correspondence cor	ncerning this matter to th	ne following:
Janet E	Bonneau		
	(Name of Perso	on)	
Bonneau	Accounting Serv	rices, Inc.	
	(Name of Firm/Cor	mpany)	
1106 W.	Indiantown Rd S	Suite 3	
	(Address)		
Jupiter	FL 33458		
	(City/State and Zip	Code)	•
For further	information concerning	this matter, please call:	
Janet E	Bonneau	at ( <sup>561</sup>	) 747-0160 & Daytime Telephone Number)
	(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclosed is or \$35.00 for	or an administratively dis	the Florida Department ssolved, voluntarily disso	t of State for \$87.50 for an active corporation olved or withdrawn corporation.
Clifton Bui 2661 Execu	nt Section Corporations	Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314	

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,				
Florida Statutes, the undersigned, Richard A. Bonneau CPA				
(Name of Registered Agent)				
hereby resigns as Registered Agent forBlackwood Investments LLC				
(Name of Corporation)				
L05000097929				
(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.				
QQQ Q CPA				
(Signature of Resigning Agent)				
If signing on behalf of an entity:				
(Typed or Printed Name)				
(Capacity)				
Fee for filing this document: \$87.50 - Active corporation				
\$35.00 - Administratively dissolved/voluntarily dissolved/				

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

withdrawn corporation