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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : FOLEY & LARDNER OF TAMPA

Account Number : 071344001620 Phone : (813)229-2300 Fax Number : (813)221-4210

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT RESIGNATION BBD SOFTWIND, LLC

0
0
02
\$87.50

\$85.00

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2/15/2011

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
CTTD T	ECT: BBD Softwind, LLC	
SUDJ.	(2	Name of Corporation)
DOCT	JMENT NUMBER: L060000060	06
		ent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning	g this matter to the following:
Stev	en W. Vazquez	
	(Name of Person)	<del></del>
Foley	y & Lardner LLP	
<u> </u>	(Name of Firm/Company)	
100 (	N. Tampa Street, Suite 2700	
	(Address)	
Tamı	oa, FL 33602	
<u>.</u> .	(City/State and Zip Code)	
For fur	ther information concerning this mat	ter, please call:
Benja	min Rizzo	at ( 727 ·) 804-8307
	(Name of Person)	(Area Code & Daytime Telephone Number)

n or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the pr	ovisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 61	7.1509,	
Florida Statutes, t	he undersigned. F&	L Corp.		
Florida Statutes, the undersigned, F&L Corp.  (Name of Registered Agent)				
hereby resigns as	BBD Softwind, LLC			
norvey redigite as	1100,0101111111111111111111111111111111	(Name of Corporation)	<u> </u>	
L06000006006	;	•		
(Document)	Number, if known)	<del></del>	,	
A copy of this res	ignation was mailed to	the above listed corporation at its last kn	own address.	
The agency is ten this statement is f	iled.	discontinued on the 31st day after the date	on which	
•	(Sig	gnature of Resigning Agent)	'	
If signing on beha	lf of an entity:	•	. =	
	Martin A. Traber		NFEB 15	
	C	Typed or Printed Name)	-5 F	
_	Vice President		AH &	
•	•	(Capacity)	8: 3(	

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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