L06000059383

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siņess Entity Nan	ne)
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SECRETARY OF STATE
ALL AHASSEE FLORIDA

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C. Coulliette JUL 1 2 2007

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BDB INVESTMENTS, LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER. L 06000059383

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:

BEVERLY D. BOATRIGHT

(Name of Person)

BDB INVESTMENTS, LLC

(Name of Firm/Company)

5000 US HIGHWAY 17, SUITE 18

(Address)

ORANGE PARK, FLORIDA 32003

(City/State and Zip Code)

For further information concerning this matter, please call:

BEVERLY D. BOATRIGHT at (904) 807-9077

(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provisions	of section 608.416	6(2) or 608.509, Florida	Statutes, the undersigned,	1
JOHN F. TOL	SON, JR		, hereby resigns as	
(Name of Registered Ag	gent)		
Registered Agent for B	DB INVEST	TMENTS, LLC		
				
	(Name of Li	imited Liability Company)		,
L 0600005938	3			
(Document Number	, if known)			
A copy of this resignation	was mailed to the	above listed limited liab	ility company at its last ki	nown address.
The agency is terminated	and the office disco	ontinued on the 31st day	after the date on which th	nis statement is filed.
-	Jord	- 9Th- O (Signature of Resigning Ag	gent)	
If signing on behalf of an	entity:	·		
				7
-	(Typed or Printed Name)		A 07 JUL SECRET
-		(C		JUL AREJ ANHA
		(Capacity)		APPR AN FIL 7 JUL -9 CRETARY LAHASSEE
				YELD D H 8: 3
	FILING \$ 85.00	FEES:	tr commons	81.6 RID
	\$ 25.00	Active limited liabili Administratively dis	solved/voluntarily dissol	ved/
		withdrawn limited li	ability company	

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