# L07000026442

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. B. BOSTICK

OCT 22 2013

EXAMINER

### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Old Naples Developments Name of Limited Liability	S, LLC Company
DOCUMENT NUMBER: L07000026442	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Ruth A. Martell  Name of Person	
BDB Agent Co.  Name of Firm/Company	
3800 Embassy Parkway, Suite 300	
Akron, OH 44333	ZOLO DET
City/State and Zip Code	SSEF.
E-mail address: (to be used for future annual report notification)	H 6: 52
For further information concerning this matter, please call:	7.0RIÑ
Ruth A. Martell  Name of Person  at (330  Area Code	643-0204 & 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi-	ons of section 608.416(2) or 608.509, Flor	ida Statutes, the undersigned,
BDB Agent Co.		, hereby resigns as
	Name of Registered Agent	, ,
Registered Agent for _	Old Naples Developments,	LLC
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
L07000026442	2	
Document N	lumber, if known	
A copy of this resignat	ion was mailed to the above listed limited	liability company at its last known address.
The agency is terminat	ed and the office discontinued on the 31st	day after the date on which this statement is filed.
	Signature of Resignin	III Agent E E
If signing on behalf of an entity:		Sign Comments of the comments
	Ruth A. Martell	Si -
	Typed or Printed Name	
	Assistant Secretary	# 6: 52
	Capacity	52

**FILING FEES:** 

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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