

L07000032828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

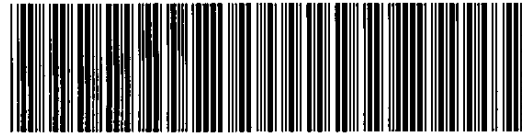
(Business Entity Name),

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 NOV -4 P 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RA Resign
Thurs
11-5-10

BDB AGENT CO.

3800 Embassy Parkway Suite 300 Akron, Ohio 44333
330.376.5300 Toll Free 800.686.2825 Fax 330.258.6559 www.bdblaw.com

Ruth A. Martell
Direct Phone: (330) 643-0204
Direct Fax: (330) 252-5204
E-Mail: rmartell@bdblaw.com

November 1, 2010

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Registered Agent Resignations

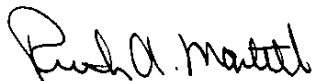
Gentlemen:

Please process the attached two (2) Registered Agent Resignations for Limited Liability Companies for Seaside Healthcare, LLC and Seaside Realty, LLC (cover letters and resignation forms enclosed). Also attached is a check in the amount of \$170 to cover the filing fees.

If you have any questions, please feel free to contact me. Thank you.

Sincerely,

BDB AGENT CO.



Ruth A. Martell
Assistant Secretary

RAM/cam
Enclosures

«AK3:1041872_v1»

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Seaside Healthcare, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000032828

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

Akron, Ohio 44333
City/State and Zip Code

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:

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(2) or 608.509, Florida Statutes, the undersigned

BDB Agent Co.

Name of Registered Agent

, hereby resigns as

Registered Agent for Seaside Healthcare, LLC

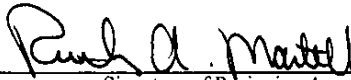
Name of Limited Liability Company

L07000032828

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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.



Signature of Resigning Agent

If signing on behalf of an entity:

Ruth A. Martell

Typed or Printed Name

Assistant Secretary

Capacity

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

FILED
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE