# 101000044838

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B. BOSTICK OCT **2 2** 2013

**EXAMINER** 

# **COVER LETTER**

Division of Corporations Lionfire Publishing, LLC Name of Limited Liability Company DOCUMENT NUMBER: L07000044838 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 Akron, OH 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

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

TO:

Amendment Section

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 u	undersigned,	
BDB Agent Co. , hereby res		resigns as	
		_, , ,	
Registered Agent for Lionfire Publish	ing, LLC		<del></del>
Name of Limi	ted Liability Company		,
L07000044838			
Document Number, if known	<del></del>		
A copy of this resignation was mailed to the al	bove listed limited liability company	y at its last known addr	ess.
The agency is terminated and the office discor	ntinued on the 31st day after the date	_	
If signing on behalf of an entity:			<u> </u>
Ruth A. Marte	əll		2012 DC ( 21
-	ped or Printed Name	S S S S S S S S S S S S S S S S S S S	<u>.</u>
Assistant Secre			
	Capacity	Ē, ç	Σ. Σ. Δ.
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ volur withdrawn limited liability comp	ntarily dissolved/ any	

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