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Office Use Only



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2012 MAR 26 AM 8: 22

J. SAULSBERRY EXAMINER

MAR 28 2012

COVER LETTER

SUBJECT: Bellacre Name of Limited	oft, LLC d Liability Company		
DOCUMENT NUMBER: L	08000000165		
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are	submit	ted
Please return all correspondence concerning this m	natter to the following:		
Ruth A. Martell Name of Person			
BDB Agent Co. Name of Firm/Company	 ————————————————————————————————	20	
3800 Embassy Parkway, Suite 300 Address	ECRETAR LAHASS	2012 HAR 26	Marine Constitution of the
Akron, Ohio 44333 City/State and Zip Code	SEE. FLORII	6 AH 8: 22	
E-mail address: (to be used for future annual report notion further information concerning this matter, please	·	~	
Ruth A. Martell at (330) 643-0204 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provision	ns of section 608.416(2) or 6	508.509, Florida Statutes, the u	ndersigned,
BDB Agent Co.		, hereby	resigns as
	Name of Registered Agent	•	-
Registered Agent for Bellacroft, LLC			
	Name of Limited Lia	bility Company	<u> </u>
	0000165		
Document Nu	mber, if known		
A copy of this resignation	n was mailed to the above li	sted limited liability company	at its last known address.
The agency is terminated	d and the office discontinued	on the 31st day after the date	on which this statement is filed.
	Signatu	U. Martet	-
If signing on behalf of an	n entity:		
	Ruth A	۸. Martell	F . 2
	Typed or Printed Name		2012 MAR 26 SECRETARY ALLAHASSEE
	Assistant Secretary		
	Capa	city	A'R SSI
			C. F. STAI
	FILING FEES:		¥ 22 ATE RIDA
	\$ 85.00 Activ \$ 25.00 Adm	ve limited liability company inistratively dissolved/ volunt drawn limited liability compa	arily dissolved/

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