

L09000074215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

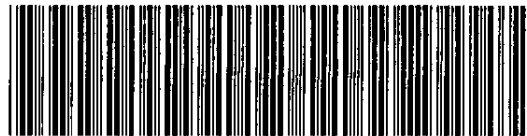
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700201623467

04/14/11--01004--005 **85.00

FILED
11 APR 14 PM 4:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RA Resign
Tewis
4-20-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BCC Investments at Black Bear I, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000074215

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:

Jonathan D. Woods
Name of Person

Name of Firm/Company

425 W. Colonial Dr. Ste. 204
Address

Orlando, FL 32804
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan D. Woods at (407) 650-8133
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Jonathan D. Woods

Name of Registered Agent

, hereby resigns as

Registered Agent for BCC Investments at Black Bear I, LLC

Name of Limited Liability Company

L09000074215

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:

Jonathan D. Woods

Typed or Printed Name

Manager
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
11 APR 14 PM 4:20
SECRETARY OF STATE
TALLAHASSEE-FLORIDA