# 1091103468

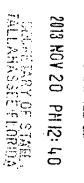
| (Requestor's Name)      |                     |              |  |  |
|-------------------------|---------------------|--------------|--|--|
| (Address)               |                     |              |  |  |
| (Ad                     | dress)              |              |  |  |
| (Cit                    | y/State/Zip/Phon    | e #)         |  |  |
| (Cit                    | J.C.a.te/Zip/P11011 | — π <i>j</i> |  |  |
| PICK-UP                 | ☐ WAIT              | ., MAIL      |  |  |
| (Bu                     | siness Entity Na    | me)          |  |  |
| (==                     |                     |              |  |  |
| (Document Number)       |                     |              |  |  |
| Certified Copies        | _ Certificate       | s of Status  |  |  |
| Special Instructions to | Filing Officer:     |              |  |  |
|                         |                     |              |  |  |
|                         |                     |              |  |  |
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Office Use Only



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## **COVER LETTER**

| ·  |                                |             |            |                |
|--|--------------------------------|-------------|------------|----------------|
| SUBJECT: 202 Springbrook, LLC  |                                | _           |            |                |
| Name of Limited Liability DOCUMENT NUMBER: L09000103468                | Company                        |             |            |                |
| The enclosed Resignation of Registered Agent for a Limited for filing. | d Liability Company and fee an | e subn      | nitted     |                |
| Please return all correspondence concerning this matter to t           | he following:                  |             |            |                |
| Ruth Martell   |                                |             |            |                |
| Name of Person   | -                              |             |            |                |
| BDB Agent Co.  |                                |             |            |                |
| Name of Firm/Company   | _                              |             |            |                |
| 3800 Embassy Parkway, Suite 300  |                                |             |            |                |
| Address  | <u>.</u>                       |             |            |                |
| Akron, OH 44333  |                                | (m)         | 22         | •              |
| City/State and Zip Code  | -                              |             | 2013 NOV 2 |                |
|  |                                |             | ¥0         | = : <u>[</u> ] |
| E-mail address: (to be used for future annual report notification)     | -                              | SS          | 20         | )<br>          |
| For further information concerning this matter, please call:           |                                | 11.<br>12.  | РΗ         |                |
| <u> </u>   | 040.0004                       | ROR<br>FIRE | PH 12: 40  |                |
| Ruth Martell at (330   | <sub>)</sub> 643-0204          | 5           | 0 1        |                |
| 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:

TO:

Amendment Section Division of Corporations

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 60 | 8.416(2) or 608.509, Florida   | a Statutes, the undersigned,   |           |   |
|--|--------------------------------|--|-----------|---|
| BDB Agent Co.                            |                                | , hereby resigns as  |           |   |
| Name of Registere                        | ed Agent                       | , ,, ,g u.   |           |   |
| Registered Agent for 202 Springle        | brook, LLC                     |  | _         |   |
| Name                                     | of Limited Liability Company   |  | _,        |   |
| L09000103468                             |                                |  |           |   |
| Document Number, if known                |                                |  |           |   |
| A copy of this resignation was mailed to | o the above listed limited lia | ability company at its last known address  | i.        |   |
| The agency is terminated and the office  | discontinued on the 31st da    | ay after the date on which this statement  | is filed. | ,   |
|  | Signature of Resigning A       | Agent Sg.  | 2019 NOV  |   |
| If signing on behalf of an entity:       |                                |  | )V 2      |   |
| Ruth A. N                                | ⁄lartell                       | CONTRACTOR OF THE CONTRACTOR O | 0         | Character and T   |
|  | Typed or Printed Name          | الله في الله الله الله الله الله الله الله الل   | PH        | f 1 å   |
| Assistant S                              | Secretary                      | D. C.  | ₹2        | S STATE OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS |
|  | Capacity                       |  | 0 1       |   |

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