

209000113275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

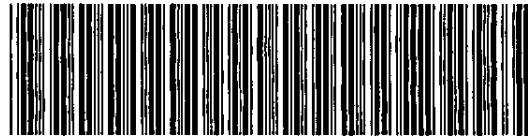
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700253854707

11/20/13--01012--010 **1660.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2013 NOV 20 PM 12:40

FILED

NOV 21 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 6776 NW 44, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000113275

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 Martell
Name of Person

BDB Agent Co.
Name of Firm/Company

3800 Embassy Parkway, Suite 300
Address

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2013 NOV 20 PM 12:12
TALLAHASSEE, FL
SECRETARY OF STATE

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.

, hereby resigns as

Name of Registered Agent

Registered Agent for **6776 NW 44, LLC**

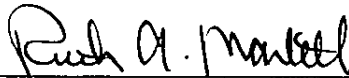
Name of Limited Liability Company

L09000113275

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

FILED
2013 NOV 20 PM 12:40
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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