

L110000042697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

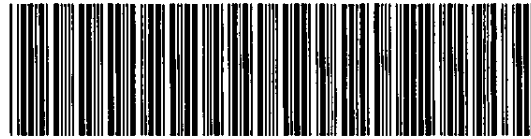
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

NOV 21 2013

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ADZ Enterprises LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000042697

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**

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATE DEPT OF STATE  
TALLAHASSEE FLORIDA

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## 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 **ADZ Enterprises LLC**

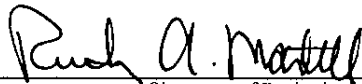
Name of Limited Liability Company

**L11000042697**

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

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FLA 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