

# L 1200000/038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

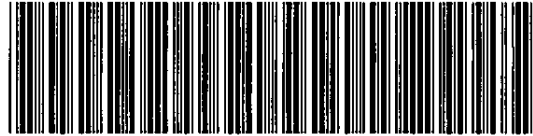
(Business Entity Name)

(Document Number)

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K. SALLY  
EXAMINER  
AUG 30 2012



## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

Lion Distribution and Trading, LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company  
L12000001038

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Barry S. Deanto

\_\_\_\_\_  
Name of Person

BSD Management, LLC

\_\_\_\_\_  
Name of Firm/Company

PO Box 811299

\_\_\_\_\_  
Address

Boca Raton, FL 33481

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person Barry S. Deanto at ( 561 ) 241.4553  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,  
**BSD Management, LLC**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

**Lion Distribution and Trading, LLC**  
Registered Agent for \_\_\_\_\_

\_\_\_\_\_  
Name of Limited Liability Company

**L12000001038**

\_\_\_\_\_  
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 1st day after the date on which this statement is filed.

\_\_\_\_\_  
Signature of Resigning Agent  
*Way S. Davis, Jr. Manager of BSD Management, LLC*  
*8/24/12*

If signing on behalf of an entity:

**BSD Management, LLC**  
\_\_\_\_\_  
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**

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