

L12000 108912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

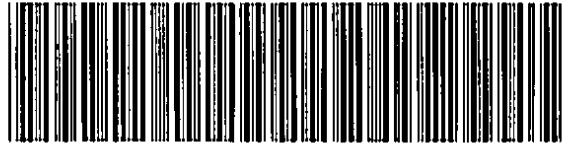
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200344912232

05/29/20--01008--015 ++25.00

20 MAY 29 PM 4: 01

JUN 17 2020
C. M. M. M. R.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B & B DISTRIBUTOR, LLC.

Name of Limited Liability Company

DOCUMENT NUMBER: L12000108912

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:

Fred Daus

Name of Person

Fredrick James, LLC

Name of Firm/Company

600 Bypass Drive Suite 112

Address

Clearwater, FL 33764

City/State and Zip Code

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

For further information concerning this matter, please call:

Fred Daus

at (727) 230-0716

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 MAY 29 PM 4:01
REGISTRATION SECTION
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Fredrick James, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for B & B DISTRIBUTOR, LLC.


Name of Limited Liability Company

L12000108912

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:

Fred Daus

Typed or Printed Name

Registered Agent

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

20 MAY 29 PM 4:10
FILED
TALLAHASSEE, FL
CLERK OF THE COURT