

Division of Corporations

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L14000087019

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : STANTON AND GASDICK, P.A.
Account Number : 075350000152
Phone : (407)423-5203
Fax Number : (407)425-4105

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Mich@GSE-Law.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION
BELBUGLY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

JAN 04 2015
J. HARRIS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Belbugly, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000087019

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:

Michael J. Gasdick

Name of Person

Gasdick Stanton Early, PA

Name of Firm/Company

1601 W. Colonial Drive

Address

Orlando, FL 32804

City/State and Zip Code

mick@gse-law.com

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

For further information concerning this matter, please call:

Michael J. Gasdick

at (407) 423-5203

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

Michael J. Gasdick

, hereby resigns as

Name of Registered Agent

Registered Agent for Belbugly, LLC

Name of Limited Liability Company

L14000087019

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:

Michael J. Gasdick

Typed or Printed Name

Registered Agent

Capacity

2016 DEC 31 AM 9:39
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

INHS17 (2/14)

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