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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O. SIMMONS

DEC 08 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BELGA INVEST, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L14000115211

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:

JONATHAN WOODS  
Name of Person

JD WOODS LAW, PLLC  
Name of Firm/Company

220 STONEWELL DR  
Address

JACKSONVILLE FL 32259  
City/State and Zip Code

dirkbocklandt007@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONATHAN WOODS at ( 407 ) 448-3484  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

FILED  
17 DEC -5 AM 10:32  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

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

JONATHAN WOODS

, hereby resigns as

Name of Registered Agent:

Registered Agent for

BELGA INVEST, LLC

Name of Limited Liability Company

L14000115211

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 51st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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withdrawn limited liability company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