

L14000130130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

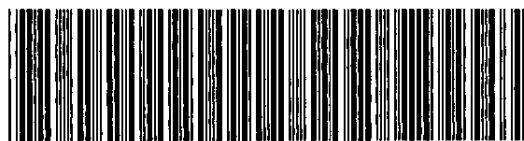
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

FEB 28 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BWD HOLDING, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000130130

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:

DAVID CIRIGLIANO

Name of Person

BWD HOLDING, LLC

Name of Firm/Company

4685 NW 9TH STREET

Address

POMPANO BEACH, FLORIDA 33064

City/State and Zip Code

FLORIDAPARADISE@HOTMAIL.COM

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

For further information concerning this matter, please call:

DAVID CIRIGLIANO

Name of Person

at ( 954 ) 336-5686

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**WAYNE WELLINGTON**

, hereby resigns as

Name of Registered Agent

Registered Agent for **BWD HOLDING, LLC**

Name of Limited Liability Company

**L14000130130**

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

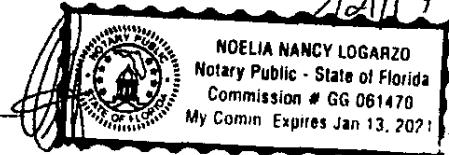
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

 2/21/2017  
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

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