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(Re	equestor's Name)	· · · · · ·
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OCT - 8 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2012

ROBIN MOLT CORPORATION SERVICE COMPANY 80 STATE STREET ALBANY, NY 12207

SUBJECT: BELMONT ZEPHYRHILLS, LLC

Ref. Number: M06000004074

We have received your document for BELMONT ZEPHYRHILLS, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 112A00023940

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	BELMONT ZE Name of Limite	PHYRH	ILLS, LI	<u>_C</u>			
DOCUMENT NUMBER:_							
The enclosed Resignation of for filing.	Registered Agent for	a Limited	l Liability	Company ar	nd fee are	submit	tted
Please return all corresponde	ence concerning this r	natter to tl	he followi	ng:			
ROBI Name	N MOLT of Person						
	ERVICE COMPAN irm/Company	Υ					
	REET 10TH FL	·····					
	NY 12207 and Zip Code	·			SECRE TARY	2812 QCT -5	Service of the servic
E-mail address: (to be used to For further information conc	-	•			E STATE	PH 3: 23	Species of the second s
ROBIN MOL Name of Person	T at (_	518 Area Code) & Daytim	433-7018 le Telephone l	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	s of section 608.416(2	2) or 608.509, Florida Statutes, the unders	signed,	
CORPORA	ATION SERVICE	COMPANY , hereby resign	ns as	
	Name of Registered Agen	1		
Registered Agent for		BELMONT ZEPHYRHILLS, LLC		_
	Name of Limi	ted Liability Company		,
M06000	0004074			
Document Nun	nber, if known			
A copy of this resignation	n was mailed to the al	pove listed limited liability company at its	last known address	i.
	CORPORATION	tinued on the 31st day after the date on w SERVICE COMPANY Signature of Resigning Agent	hich this statement	is filed.
If signing on behalf of an	•			<u>~</u>
	ROBIN MOLT			2 2
	•	ped or Printed Name Asst secretary		
		Capacity		לי לי
	FILING \$ 85.00 \$ 25.00		STATE LURIDA	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314