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(Re	equestor's Name)	
. (Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
ALL AHASSEE, FLORIO,

J. BRYAN
OCT -1 2009
EXAMNER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	Bethany Jax Bla Name of Limited	<u>nding</u> I Liabilit	<u>Place, l</u> y Compan	LLC y		
DOCUMENT NUMBER:_	M0600006570					
The enclosed Resignation of for filing.	Registered Agent for	a Limite	ed Liabili	ty Compai	ny and fe	e are submitted
Please return all corresponde	ence concerning this m	atter to	the follov	ving:		
Mary 0	Greenhill of Person		_			
	ardner LLP	<u>-</u>	_			
One Independ	lent Drive #1300 dress		_			09 SEP 3
Jacksonvil City/State	le, FL 32202 and Zip Code	*, •		· /	•	SEP 30 AM 10: 49 CRETARY OF STATE LAHASSEE, FLORIG
E-mail address: (to be used f	or future annual report not				•	RECE TO
For further information conc				•		.,,
Mary Greenh Name of Perso	ill at (904	_)	359-20 me Telepho	00	
Name of Perso	on A	Area Coo	le & Dayti	me Telepho	one Num	ber
Enclosed is a check made pa liability company or \$25.00 limited liability company.	yable to the Florida D for an administratively	epartme dissolv	ent of Stat ved, volur	e for \$85.0 ntarily diss	00 for an	active limited withdrawn
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	~ · · · · · · · · · · · · · · · · · · ·	Amen Divisi Clifto 2661	n Buildin	ection rporations g c Center C	ircle	

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2) or 608.5	509, Florida Statutes, the undersig	gned,	
	F&L Corp.	, hereby resigns	sas	
	Name of Registered Agent	,,,		
Registered Agent for	Bethany .	Jax Blanding Place, LLC		-
	Name of Limited Liability	Company		_,
M06000	0006570			
Document Nu	mber, if known			
A copy of this resignation	n was mailed to the above listed	limited liability company at its la	ast known address.	
The agency is terminated	and the office discontinued on	the 31st day after the date on whi	ich this statement is	s filed.
	Charles V T	F Resigning Agent		
If signing on behalf of ar	n entity:			
	Charles V.	Hedrick	09 SEP 30 SECRETAR ALLAHASS	
	Typed or Print	ed Name	AR E	
	Authorized Represent	ative for F&L Corp.	30 ASS	
	Capacity			m
		•	AM IO: 4 OF STATEE, FLOR	
). 4	_

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

FILING FEES:

\$ 85.00 | Active limited liability company |

\$ 25.00 | Administratively dissolved/voluntarily dissolved/withdrawn limited liability company