

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Orlando BC, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Shawnte Broadus
(Contact Person)

Orlando BC, LLC
(Firm/Company)

PO Box 620157
(Address)

Oviedo, FL 32762
(City/State and Zip Code)

For further information concerning this matter, please call:

Shawnte Broadus at (**407**) **486-8036**
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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