## #L09000104958

Office Use Only



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K. SALY EXAMINER OCT 2 4 2012

## **COVER LETTER**

for

**Division of Corporations** 

Tallahassec, Florida 32314

P.O. Box 6327

TO: Registration Section Division of Corporations
SUBJECT: Management Conpens Bocci, LLC (Name of Limited Liability Compan)
The enclosed member, managing member or manager resignation and fce(s) are submitted filing.
Please return all correspondence concerning this matter to:
Ernest Willis (Contact Person)
(Firm/Company)
500 NE Swish Kiver Blue 5#23
Soo NE Sprish River Blul 5#23  Baca Ruson, FL 3343/ (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person)  at (561) 999-5999  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$  Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section

CR2E079 (5/06)

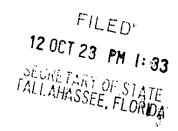
Clifton Building

**Division of Corporations** 

2661 Executive Center Circle

Tallahassee, Florida 32301





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	nited liability company as it appears on the records of the Florida Department  Company & Bocm, LLC
	ty company was organized under the laws of:
	ent/registration number of this limited liability company is:
4. 1, <u>Ernest</u> (Print Nam	the of Person Resigning), hereby resign as a MGRM (Print Title)
of this limited liabil resignation in writing	ity company and affirm the limited liability company has been notified of my ng.
Signature of Resign	ning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)