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D. SCOTT AUG 1 4 2017

#### **COVER LETTER**

TO: Registration Section
Division of Corporations
SUBJECT: Bammies, UC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Rosaria Chezas (Contact Person)
Farmies LC (Firm/Company)
5 Island Ave. #HG.
(Address)  Wiani Bach, FL 33139  (City/State and Zip Code)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
Rosario Choras at (186) 853 9579
(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 \$\sum \\$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

CR2E079 (2/14)



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on	the records of the Florida Department
	Bammies, LLC	•
L15000	ument/registration number assigned to this	
3. The date this me	ember/manager withdrew/resigned or will v	vithdraw/resign is: May 23, 2017
4. I. Jak	a Fad-Cartherhereby	withdraw/resign as a
- Manage	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liabi	lity company has been notified of my
	$\sqrt{\chi}$	
Signature of D	issociating Member or Resigning Manager	<del></del>
	\$25.00 (Required)	
Сегинеа Сору:	\$30.00 (Optional)	AUG 11 A