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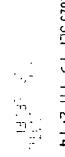
(Requestor's Name)				
(Address)				
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PICK-UP	WAIT	MAIL		
(Bt	rsiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
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Special Instructions to	Filing Officer:	1		
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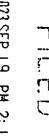
Office Use Only



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COVER LETTER

Division of Corporations	
BM GENERAL CONTRACTING LL SUBJECT:	С
	led Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
RICARDO BUENDIA ACOSTA	
(Contact Person)	
(Firm/Company)	
170 NE 2ND STREET, BOX 1637	
(Address)	
BOCA RATON, FLORIDA 33429	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
RICARDO	561 575-1254 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
☐ S25 Filing Fee	\$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

RM (limited liability company as BENERAL CONTRACTING LLC		the Florida Department
2. The Florida doc	ument/registration number as	ssigned to this limited liabili	ty company is:
4. I, BETY NOEMI (Print)	ember/manager withdrew/res MONTOYA OCAMPO Jame of Person Resigning)		
of this limited lia	. (Print Title) bility company and affirm the iting.	ie limited liability company l	has been notified of my
BULL /AI	issociating Member or Resig	ning Manager	7023 SEP
-	\$25.00 (Required) \$30.00 (Optional)		9 PH 2: 11