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(((H19000034796 3)))



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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.
Account Number : 076624003440
Phone : (305)444-6226
Fax Number : (305)442-4829

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BIM XTREME LLC**

Certificate of Status	1
Certified Copy	0
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FILED
19 JAN 25 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JAN 29 PM 1:26

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIM XTREME LLC
(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:

LAURA KOHN

(Contact Person)

ARAZOZA & FERNANDEZ-FRAGA P.A.

(Firm/Company)

2100 SALZEDO STREET, SUITE 300

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA KOHN

(Name of Contact Person)

305

at ()

444-6226 x 233

(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:

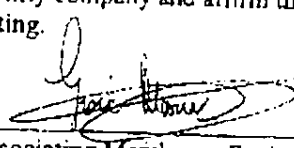
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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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)FILED
19 JAN 25 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BIM XTREME LLC
2. The Florida document/registration number assigned to this limited liability company is: L17000016301
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/22/2019
4. I, JOSÉ MANUEL GARCÍA ACEVEDO, hereby withdraw/resign as a
(Print Name of Person Resigning)
MEMBER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning ManagerFiling Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)