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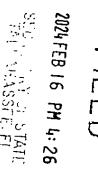
(Requ	estor's Name)			
(Address)					
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PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

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COVER LETTER

	stration Section sion of Corporations					
SUBJECT:	B.M.M., ENTERPRISES, LLC					
SOBJECT.	(Name of	(Name of Limited Liability Company)				
The enclosed	d member, resignation or dis	sociation and fee(s	s) are submitted for filing.			
Please return	n all correspondence concern	ing this matter to:				
Frank Branch.	Jr					
	(Contact Person)		_			
BMM ENTER	RPRISES, LLC					
	(Firm/Company)					
PO Box 1677						
	(Address)		-			
LAKE PLACI	ID, FL 33862					
	(City/State and Zip Code)		-			
For further i	information concerning this r	natter, please call:				
Frank Branch,	Jr.	239 at (771-7044			
(1)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)			
	ease find a check made payal					
□ \$25 Filin	g Fee	S55 Filing	g Fee & Certified Copy			
	ing Address:		Street Address:			
_	istration Section sion of Corporations		Registration Section Division of Corporations			
	Box 6327		The Centre of Tallahassee			
Talla	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

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)

	limited liability company as	it appears on the records of	the Florida Department
2. The Florida docu	nment/registration number as	ssigned to this limited liabilit	cy company is:
3. The date this me	mber/manager withdrew/res	 igned or will withdraw/resig	n is:
4. I, Norman L. McM	gn as a		
(Print N	ame of Person Resigning)	, hereby withdraw/resig	
Managing Partner			
	(Print Title)		
resignation in wr	iting. No Min 71	ne limited liability company l	
Signature of Di	issociating Member or Resig	ning Manager	FILE[2024 FEB 16 PM 2024 FEB 16 PM
Filing Fee:	\$25.00 (Required)		3 5 F
Certified Copy:	\$30.00 (Optional)		PH 4:2