20300035227

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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TO:

CR2E079 (2/14)

Registration Section

Division of Corporations BOLD INVESTMENT GROUP LLC SUBJECT: (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: Edward Rubio (Contact Person) **Bold Investment Group LLC** (Firm/Company) 205 N Caloosahatchee Ave (Address) Jupiter, FL 33458 (City/State and Zip Code) For further information concerning this matter, please call: Caryn Rubio 312-3095 (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 □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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 a	as it appears on the records of the Florida Departmer	nt
of State is:	BOLD INVESTM	ENT GROUP LLC	.•
	ument/registration number 000035227	assigned to this limited liability company is:	
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is:	
4. I. Charles S.	Billups	hereby withdraw/resion as a	
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a	
Authorized	Member	AFTER BEI	
	(Print Title)	AFE T	
resignation in wr	iting.	SEGRETARISED AM 9: 58 TALL AHASSED STAIL OF STAI	
Signature of D	issociating Member or Resi	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		