## 104,000,85292

(Re	equestor's Name)			
(Ad	idress)			
(Ac	idress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: B. Davis Ventures, L.L.C.				
(Name of Limite	d Liability Com	pany)		
The enclosed member, resignation or dissociat	ion and fee(s)	are submitted for filing.		
Please return all correspondence concerning th	is matter to:			
Joseph S. Paglino				
(Contact Person)	<del></del>			
Law Office of Joseph S. Paglino, P.A.				
(Firm/Company)				
2131 Hollywood Boulevard, Suite 307				
(Address)				
Hollywood, Florida 33020				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Joseph S. Paglino	954 at (	921-1448		
(Name of Contact Person)	(Area Code &	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
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 Flor	ida Department
of State is: B. [	Davis Ventures, L.L.C.		·
2. The Florida doc L0400008529	•	assigned to this limited liability comp	any.is:
3. The date this me	ember/manager withdrew/m	esigned or will withdraw/resign is: 12	/03/ <u>2</u> 014 <u>№</u>
4. I. Bruce A. Da	vie	, hereby withdraw/resign as a	
	Name of Person Resigning)	, nacoy wimatwichigh to t	<b>6</b> 2≥ <del>:</del>
member and	manager		ਲ <sub>ੋ</sub> <b>ਯ</b>
	(Print Title)	•	
of this limited lia resignation in w		the limited liability company has been	notified of my
Signature of D	issociating Member or Res	igning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		