L05000021400

(Re	questor's Name)	
- (Ad	dress)	·
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
,		

Office Use Only



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09/29/14--01035--014 **55.00



(Pm)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

14 SEP 29 PH 1: 43
SECALIANY OF STATE
AND A SECALIANY OF STATE
A SECALIANY

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 Florida Departmen
of State is:	B+M EQUIPMENT
2. The Florida doci	ument/registration number assigned to this limited liability company is:
4050	000021400
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 9-29-14
4. I, Ber	/ame of Person Resigning), hereby withdraw/resign as a
_M = m	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	3Ca (2)
Signature of Di	issociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: B+M EQUIPMENT
(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:

MARK VELLETTE
(Contact Person)

B+M EQUIPMENT
(Firm/Company)

16000 ORANGE AVE
(Address)

LT PIERCE FL 34945

(City/State and Zin Code)

14 SEP 29 PM 1:43
SECAL SECTOR STATE
TALLAH ASSES FOR STATE

For further information concerning this matter, please call:

MARK VEILLETE at (321) 288-1445

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$\square\$ \$\square\$ \$\square\$ \$25 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

CR2E079 (2/14)