

LEB00002766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300278512833

10/29/15--01017--010 \*\*55.00

FILED  
15 OCT 29 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 30 2015  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BAY AREA INVESTMENTS 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:

STEPHEN BOKAS  
(Contact Person)

BAY AREA INVESTMENTS LLC  
(Firm/Company)

4514 S. RENELLIE DR  
(Address)

TAMPA, FL 33611  
(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHEN BOKAS at 562 706-9738  
(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:**

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

FILED  
15 OCT 29 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 Florida Department of State is: BAY AREA INVESTMENTS LLC,

2. The Florida document/registration number assigned to this limited liability company is:  
L05000021766

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/28/2015

4. I, Anne Bokas, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Mrs. Anne Bokas

(Print Title)

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

Anne M Bokas

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
15 OCT 29 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA