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## **COVER LETTER**

TO:	Registration Section			
	Division of Corporations			
SUBJ	ECT: BAY LOOP DEVELOPMEN	NT, LLC		
	(Name of Limited Liability Company)			
The er	nclosed member, resignation or	dissociation and fee(	s) are submitted for filing.	
Please	return all correspondence conc	erning this matter to:		
ROBE	RT A. CAPLAN			
	(Contact Person)		_	
BAY L	OOP DEVELOPMENT LLC			
	(Firm/Company)		_	
3631 C	CANAL STREET			
	(Address)		<del></del>	
NEW (	ORLEANS, LA 70119			
	(City/State and Zip Code	e)	_	
For fu	rther information concerning th	is matter, please call:		
ROBE	RT A. CAPLAN	504 at (	486-7766	
	(Name of Contact Person)	<del></del>	& Daytime Telephone Number)	
Enclos	sed please find a check made pa	vable to the Florida I	Department of State for:	
	Filing Fee	=	g Fee & Certified Copy	
	Mailing Address:		Street Address:	
	Registration Section		Registration Section	
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
	Tallahassee, FL 32314			
	Tatianassec, 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)

of State is: BAY L	OOP DEVELOPMENT, LLC
2. The Florida docur	nent/registration number assigned to this limited liability company is:
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is:
4. l, KSL, INC	, hereby withdraw/resign as a me of Person Resigning)
MEMBER	
(1	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified oing.
telly	Solla-
gnature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	