## L0500051136

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PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BGK, 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:
BARBARA G. KANN (Contact Person)
B6K, LL C (Firm/Company)
2301 Tamiani Tal N., Unit A
No Komas, FL 34275 (City/State and Zip Code)
For further information concerning this matter, please call:
BARBARA G. KAWN at (941) 966-6655  (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 \$\sum \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

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)

	limited liability company as it appears on the	records of the Florida Department
of State is:	36K, LLC	
	nment/registration number assigned to this line 10057736	nited liability company is:
3. The date this me	mber/manager withdrew/resigned or will with	hdraw/resign is: 01/19/16
4. I, JEFF P	HANNA , hereby with ame of Person Resigning)	hdraw/resign as a
AMBR		
•	(Print Title)	
of this limited lial resignation in wri	bility company and affirm the limited liability iting.	company has been notified of my
1		
Signature of Di	ssociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	22g <b>23</b>
Certified Copy:	\$30.00 (Optional)	
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