L05000063839

(Re	questor's Name)			
(176	44000010110110)			
- (Ad	dress)	·		
(, , , ,	u1000)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



700249465617

07/12/13--01016--010 **35.00

2013 JUL 24 ME 11: 24 SECRETARY OF STATE

JUL 2 4 2013 T CLINE



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2013

HOWARD LUCAS GOLDSTEIN SCHECTER 2121 PONCE DE LEON BLVD., 11 FLOOR CORAL GABLES, FL 33134

SUBJECT: B & D GROUP HOLDINGS, LLC

Ref. Number: L05000063839

We have received your document for B & D GROUP HOLDINGS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 613A00017183

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: B & D GROUP HO	
(Name of Limited)	Liability Company)
The enclosed member, managing member or marfiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Contact Person) Goldsteu Schecuter Koch (Firm/Company)	
(Contact Person)	
Goldsten Scheouter Koch	
(Firm/Company)	
2121 Ponce de Leon Blvd.	11 PLP.
(Address)	
Coral Gables, FL 331	SECRETARY ALLAHASS
(City/State and Zip Code)	HAZA 2
For further information concerning this matter, p	Table 1 of the State of the Sta
1	
Name of Contact Person) at	Area Code & Daytime Telephone Numbers
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	4 4 F
2 \$25 Filing Fee	□ \$55 Filing Fee &
(PHID)	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is:	limited liability company as B & D GROUP Ho	it appears on the records o	of the Florida Department
	ility company was organized	under the laws of:	
	nment/registration number of	f this limited liability comp	pany is:
4. I, //OWA	ame of Person Resigning)	, hereby resign as a _	MANAGER (Print Title)
resignation in wr	_		has been notified of my
Signature of Resi	gning Momber, Managing N	Member or Manager	2013 J
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		MIN JUL 24 AM (): SECRETARY OF STA ALLAHASSEE, FLOR