## L0600058446

(Re	equestor's Name)			
(Ac	idress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Ві	usiness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
ent of the contract	Office Use Only	,		



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

AND FILED

T. LEMIEUX

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJI	B.A.C.H. Land Development, LLC				
	(Name of Limited Liability Company)				
The en	closed member, resignation or dissociate	tion and fee(s) are submitted for filing.			
Please	return all correspondence concerning the	nis matter to:			
Scott	D. Smith				
	(Contact Person)				
B.A.C	C.H. Land Development, LLC				
	(Firm/Company)				
2907	West Angeles Street				
	(Address)				
Tamp	a, Florida 33629				
	(City/State and Zip Code)				
For fur	ther information concerning this matter	r, please call:			
Scott	D. Smith	at (813) 503. 2096			
	(Name of Contact Person)	(Area Code & Daytime Telephone Numbe	r)		
	sed please find a check made payable to Filing Fee	the Florida Department of State for:  □ \$55 Filing Fee & Certified Copy			
Registr Division Clifton 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations a Building Executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

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)

	limited liability company a	as it appears on the records of t	the Florida Department
2. The Florida doc L0600005844	•	assigned to this limited liability	y company is:
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign	is: December 18, 2014
locanh Stananik			
(Print N	lame of Person Resigning)	, hereby withdraw/resig	ii as a
	aging Member		
****	(Print Title)		
of this limited lia resignation in wi		the limited liability company h	as been notified of my
Signature of D	issociating Member or Resi	igning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		14 DI Secr Talla