

L06000070048

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Name : NEIMAN & INTERIAN, PLLC
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BCA INNOVATIONS, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BCA INNOVATIONS, 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:

Alberto Interian, Esq.

(Contact Person)

Neiman & Interian, PLLC

(Firm/Company)

2020 Ponce de Leon Blvd., Suite 1005 B

(Address)

Coral Gables, Florida 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Alberto Interian, Esq.

(Name of Contact Person)

at () 305 530-9400

(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

CR21079 (2/14)

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2018 OCT 29 AM 9:07

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H18000305101.3)))

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 BCA INNOVATIONS, LLC2. The Florida document/registration number assigned to this limited liability company is: L060000700483. The date this member/manager withdrew/resigned or will withdraw/resign is: April 30, 20184. I, Kenneth Henao, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager

(Print Title)

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


Signature of Dissociating Member or Resigning ManagerFiling Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)RECEIVED
DIVISION OF STATE
AFFAIRS, FLORIDA

2018 OCT 29 AM 9:07

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