## #\_1060000787419

•				
(Requestor's Name)	_			
(Address)	_			
(Address)				
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)	_			
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:	٦			
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Office Use Only



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## **COVER LETTER**

TO: Registration Section	
Division of Corporations	·
SUBJECT: BFP OVIEDO, LLC	
(Name of Limi	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	this matter to:
ERIK F. SZABO	
(Contact Person)	*
HIGLEY & SZABO, P.A.	
(Firm/Company)	
185 WAYMONT COURT	
(Address)	•
LAKE MARY, FL 32746	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
ERIK F. SZABO	at (_407) 389-7833
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:    V   \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:
Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Fallahassee, 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

	limited liability company as P OVIEDO, LLC	it appears on the records	of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doci	ument/registration number of 3749	this limited liability com	pany is:
4. I, JULIO A. VARELA (Print Name of Person Resigning)		, hereby resign as a _	MGRM (Print Title)
	bility company and affirm the		
Tu	de Wante		
Signature of Resi	gning Member, Managing M	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		