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COVER LETTER

Division of Corporations	
SUBJECT: BH MURILE LIC (Name of Limited Liabili	
(Name of Limited Liabili	ty Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	er to:
BFPW MPD KOPET (Contact Person)	
(Contact Person)	40
BERNMO KUPET PA (Firm/Company)	OT HOW 16 AM 11:00 SECRETARY OF STATE TALLAHASSEE FLORIDA
•	SSEE 9
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PEMBRUKE PINES FL 330 (City/State and Zip Code)	
For further information concerning this matter, please	call:
(Name of Contact Person) at (9)	54) 4V1-04C3
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Clifton Building	P.O. Box 6327
2661 Executive Center Circle 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

	limited liability company as it a		fthe Florida D	Department
2. This limited liab	ility company was organized un			SECRETARY OF
	ment/registration number of thi	is limited liability compa 	ıny is:	AM II: 05
	BIW 2 FITUN ame of Person Resigning) pility company and affirm the litting.			
Reubin	<u>Zeutun</u> gning Member, Managing Mem	nber or Manager		
_	\$25.00 (Required) \$30.00 (Optional)			