LO7000033727

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Bioisnation

APR 2 1 2020

I ALBRITTON

COVER LETTER

	Registration Section Division of Corporations					
		Bishop Estates LLC				
SUBJE	CT:	:(Name of Limited Liability Company)				
The end	closed	member, resignation or disso	ociation and fee	(s) are submitted for filing.		
Please 1	return	all correspondence concernir	ng this matter to	:		
Robert P	ryce-Jo	ones				
		(Contact Person)		_		
Bishop F	istates	LLC				
		(Firm/Company)				
604 Spru	ice Cre	ek Rd				
		(Address)		_		
St Johns.	, FL 33	2259				
		(City/State and Zip Code)				
For furt	her in	formation concerning this ma	itter, please call	:		
Robert P	ryce-Jo	ones	904 at (521-8-400		
	(Na	ame of Contact Person)		e & Daytime Telephone Number)		
Enclose ■ \$25		ase find a check made payable Fee		Department of State for: ng Fee & Certified Copy		
	Regis Divisi P.O. I	g Address: tration Section ion of Corporations Box 6327 nassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		



March 14, 2020

ROBERT PRYCE-JONES 604 SPRUCE CREEK RD ST. JOHNS, FL 32259

SUBJECT: BISHOP ESTATES LLC

Ref. Number: L07000033727

We have received your document for BISHOP ESTATES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

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 call (850) 245-6050.

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Letter Number: 820A00005679







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

(Pursuant to 605.0216, Florida Statutes)

		it appears on the records of the F	lorida Department
2. The Florida docu	_	signed to this limited liability cor	npany is:
Cubing Progra	lance	igned or will withdraw/resign is:	
Manager/Men	nher	, hereby withdraw/resign as	
	iting.	e limited liability company has be	een notified of my
Signature of Di	ssociating Member or Resign	ning Manager	
	\$25.00 (Required) \$30.00 (Optional)		