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SECRETARY OF STATE.
TALLAHASSEE, FI OBIG.

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: BFAUCTION ON 14, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
RON FLYNN (Contact Person) ASEC ST
BFAUCTION DNY UC (Firm/Company)
11501 OSPICY POINTE BLUCK (Address) (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (35) 242-4631 Eat 11 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it ap	•	SECRETA AHAS	Departary -	tment	
2. This limited liabilit	ty company was organized und	er the laws of:	RY OF STATE SEE, FLORIDA	7 PM 12: 38		
	ent/registration number of this	limited liability company is:	:			
	ity company and affirm the lim	, hereby resign as a <u>MAA</u> (A		_		heR
Signature of Resign	HUNOV ning Member, Managing Memb	er or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					