LOT00079837

(Re	equestor's Name)
(Ac	ddress)
(Ác	ddress)
(Ci	ty/State/Zip/Phone #)
	WAIT MAIL
(Bu	usiness Entity Name)
	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



10/17/24--01017--016 ++115.00

ALL AND ALL ANDA 24 OCT 17 Fil 5: 43 -. ..

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: Business Valuation Analysts LLC

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LISA Doble (Contact Person)

Mercer Capital Management Inc. (Firm/Company)

5100 Poplar Ave, #2600

Memphis TN 38137

For further information concerning this matter, please call:

 $\frac{\text{Lisa Doble}}{\text{(Name of Contact Person)}} = at \left(\frac{901}{\text{Area Code & Daytime Telephone Number}}\right)$

Enclosed please find a check made payable to the Florida Department of State for: X \$55 Filing Fee & Certified Copy □ \$25 Filing Fee

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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: Business Valuation Analysts, LLC

2. The Florida document/registration number assigned to this limited liability company is:

LO70000 79837

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/26/2024

4. I. <u>TimoThy Kelly BonZa</u>, hereby withdraw/resign as a (Print Name of Person Resigning)

Member + Manager. (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my. resignation in writing. 1 (11 5:

in N

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)