107000 83695

(Re	questor's Name)				
(Ad	dress)				
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(Ad	ldress)				
(Cit	ty/State/Zip/Phone	÷#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
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(Do	cument Number)				
Certified Copies	ertified Copies Certificates of Status				
Special Instructions to	Filing Officer:				





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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
, ,	
SUBJECT: BEMAK GROUP LLC	:
(Name of Limited L	iability Company)
•	
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
AFIF TO ABOUT HOSE	07 DEC 17 PM 12: 29 SECRETARY OF STATE FALLAHASSEE, FLORID
AFIF JR. ABOULHOSN (Contact Person)	—— FSG FC
(Contact Felson)	
Bruss GROWN 1/A	SSE
BEMAK GROUP LLC	PH 12: 2' OF STAT
(Firm/Company)	FLC 73:
)AA 2:
123 43 SW 132 CT (Address)	
(Address)	
44 * * **	
Miami, FL 33186	
(City/State and Zip Code)	
	. 11
For further information concerning this matter, p	lease call:
Act 70 10	
 · · · · · · · · · · · · · · · · · 	305) 801-6601
(Name of Contact Person) (Area Code & Daytime Telephone Number)
England along 64d a shook made mayable to the	Clarida Danautmant of Stata fam
Enclosed please find a check made payable to the \$\sqrt{\$25}\$ Filing Fee	\$55 Filing Fee &
4 \$25 1 ming 1 ee	Certified Copy
	Columba copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

	e limited liability compa BEMAK GROUP		ears on the records	of the Flor	rida Depa	irtment	
	bility company was orga	anized under	the laws of:				
3. The Florida do	cument/registration num	ber of this li	imited liability com	oany is:	SECRETARY O	07:DEC 7 PH 29	
4. I, Joseph (Print	ABOULHOSN Name of Person Resigning)	,	hereby resign as a _	MGR (Prin	MSSI TEM	1 12 29	
of this limited li resignation in w	ability company and affi	irm the limit	ed liability compan	y has been	notified		
Signatury of Me	signing Menaber, Manag	ging Membe	r or Manager				
Filing Fee:	\$25.00 (Required)						
Certified Copy:	\$30.00 (Optional)						