## L07000093798

(Reque	stor's Name)			
(Addre	ss)			
(Address)				
(City/Si	ate/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				

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## 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)

	limited liability company a on Bay Computer Service	as it appears on the records of the loe, LLC	Florida Department	
2. The Florida docu	ument/registration number	assigned to this limited liability co	ompany is:	
L0700009379	8 	,		
	<del>-</del>	esigned or will withdraw/resign is:		
4. I. (Print Name of Person Resigning)		, hereby withdraw/resign as	, hereby withdraw/resign as a	
(Print N	'ame of Person Resigning)			
MGRM				
-	(Print Title)			
of this limited lia resignation in wr	• •	the limited liability company has b	een notified of my	
	lyd m-			
Signature of Di	ssociating Member or Res	igning Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			