

LOS 00000 3752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

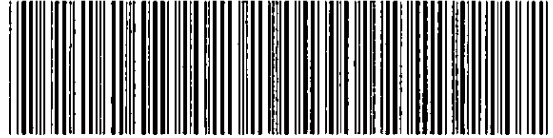
(Business Entity Name)

(Document Number)

Certific Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/19/23--01014--004 \*\*25.00

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2023 JUL 19 PM 5:50

CLERK OF STATE  
TALLAHASSEE, FL

*[Handwritten signature]*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bac Properties, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Roy B. Gonas, Esq.

\_\_\_\_\_  
(Contact Person)

Roy B. Gonas, Attorney

\_\_\_\_\_  
(Firm/Company)

8401 SW 107 Avenue, #211E

\_\_\_\_\_  
(Address)

Miami, Florida 33173

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Roy B. Gonas

at ( 305 ) 776-2231

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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



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)

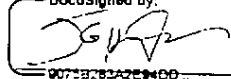
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Bac Properties, LLC

2. The Florida document/registration number assigned to this limited liability company is: L08000003752

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 15, 2023

4. I, John Bac, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Member  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

DocuSigned by:  


Signature of Dissociating Member or Resigning Manager

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

**FILED**  
2023 JUL 19 PM 5:50  
SECRETARY OF STATE  
TALLAHASSEE, FL