## 109000023076

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ACT Architects, LLC	
(Name of Limited Liability Com	ipany)
The enclosed member, resignation or dissociation and fee(s	) are submitted for filing.
Please return all correspondence concerning this matter to:	
Ricardo Baerga	
(Contact Person)	-
BIA Architect, LLC	
(Firm/Company)	-
1900 Van Buren St. Apt. 312B	
(Address)	-
Hollywood, FL 33020-5010	(f) S
(City/State and Zip Code)	150 to 15 20 15 15 15 15 15 15 15 15 15 15 15 15 15
For further information concerning this matter, please call:	무하다
Ricardo Baerga 904	698-9478
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D  ■ \$25 Filing Fee □ \$55 Filing	repartment of State for:
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 liab of State is: ACT Architects, LL	_C		Florida Department	
2. The Florida document/regist L08000023076		ed to this limited liability co	mpany is:	
3. The date this member/mana	ger withdrew/resigned	d or will withdraw/resign is:	Sep. 18, 2024	
4. I, Ricardo Baerga (Print Name of Persor	n Resigning)	, hereby withdraw/resign as	BECALL ATTAILS	
VP				)
of this limited liability compares ignation in writing.  Signature of Dissociating M			een notified of my	
Filing Fee: \$25.00 ( Certified Copy: \$30.00 (				