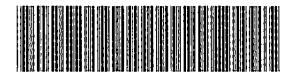
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(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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C. GOLDEN APR - 6 2019

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BICI INVESTMENTS, 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:
CARMEN DOMINGUEZ (Contact Person)
(Firm/Company)
11011 SW 69 DRIVE  (Address)  MIAMI 7L 33/73  (City/State and Zip Code)
MIAMI 7L 33/73 (City/State and Zip Code)
For further information concerning this matter, please call:
CARMEN DOMINGUEZ at (786) 493-290 / (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\begin{align*} \text{S25 Filing Fee} \text{S25 Filing Fee} \text{& Certified Copy} \end{align*}

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

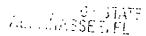
CR2E079 (2/14)

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



## FILED 2019 HAR 26 AM 9: 34



### 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:	BICI INVESTMENTS, LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
L080	000086446
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: HARCH, 6 <sup>th</sup> , 201
4.1. BRUNG	BANDINI , hereby withdraw/resign as a  lame of Person Resigning)
MAN	Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.
	no Buntin
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
· ····	(- <b>F</b> )