## L08000092574

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 2 0 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporation	ons	
SUBJECT: BHS PA	RTNERS, L.L.C. (Name of Limited Liability Con	npany)
The enclosed member, mana filing.	•	nation and fee(s) are submitted for
Please return all corresponde	ence concerning this matter to:	•
Merrill A. Bookstein		90 30 30
(Contact	Person)	09 MAR 19 PH 1:46 SECRETARY OF STATE ALLAHASSEE. FLORID
(Firm/Co	ompany)	Y OF
20969 CERTOSA TE	RRACE	PH 1:41  OF STAT  E. FLORI
(Addr	ess)	TE OA
BOCA RATON, FL 3	3433	
(City/State a	and Zip Code)	-
For further information conc	erning this matter, please call:	
Merrill A. Bookstein (Name of Contact Po	at ( 561 (Area Code	361-9454 & Daytime Telephone Number)
	made payable to the Florida [	
STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limi of State is: BHS	ted liability company as it a S PARTNERS, L.L.C	ppears on the records	of the Florida Department
2. This limited liability FLORIDA	company was organized un	der the laws of: 	
3. The Florida documer L0800009257	nt/registration number of the	s limited liability con	npany is:
4.1, Merrill A. Boo	kstein of Person Resigning)	_, hereby resign as a	MANAGING MEMBER (Print Title)
resignation in writing	g Member, Managing Men		ny has been notified of my
Filing Fee: \$ Certified Copy: \$	25.00 (Required) 30.00 (Optional)	•	