L0900005 2556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400163708724

12/23/09--01026--002   **25.00

FILED
09 DEC 23 AM11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 2 4 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BACIK GROUP ENGINEERING LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

DALE BACIK

(Contact Person)

BACIK GROUP ENGINEERING

(Firm/Company)

5501 MERRITT ISLAND DR.

(Address)

APOLLO BEACH, FLORIDA 33572.

(City/State and Zip Code)

For further information concerning this matter, please call:

DALE BACIK   at (**813**) **394-1920**

(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

STREET/COURIER ADDRESS: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
Clifton Building   P.O. Box 6327
2661 Executive Center Circle   Tallahassee, Florida 32314
Tallahassee, Florida 32301

CR2E079 (5/06)

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 limited liability company as it appears on the records of the Florida Department of State is: **BACIK GROUP ENGINEERING LLC**

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L09000052556

4. I, **MATTHEW D. BACIK** , hereby resign as a **Member Manager**
   (Print Name of Person Resigning)   *(Print Title)*

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

Signature of Resigning Member, Managing Member or Manager

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 DEC 23 AM 11: 53
FILED

CR2E079 (5/06)