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. (Re	equestor's Name)			
(Ad	idress)			
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(Cit	ty/State/Zip/Phone	· #)		
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certified Copies Certificates of Status			
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Special Instructions to	Filing Officer:			

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2009 AUG -5 AM 11: 06
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

T. CLINE

AUG - 6 2009

EXAMINER

COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: BMT Construction & De	sign, LLC ed Liability Company)		
The enclosed member, managing member or national filing.	nanager resignation and fee(s) are submitted for		
Please return all correspondence concerning th	nis matter to:		
Chera McGuire			
(Contact Person)			
BMT Construction & Design, LLC	2009 AUG -5 AM 11: 06 SECRETARY OF STATE PALLAHASSEE, FLORIO		
(Firm/Company)	ASS.		
Po Box 5345	Y OF SEE, F		
(Address)			
Hudson, Florida 34674	TE NOA		
(City/State and Zip Code)			
For further information concerning this matter	, please call:		
Chera McGuire	at (727) 364-6071		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to \$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		

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

	limited liability company as it apportunition & Design,		of the Flor	rida Dep		t
2. This limited liability company was organized und The state of Florida				SECRETARY ALLAHASSE	1009 AUG -5	, . , . , .
3. The Florida docu L09000059	ment/registration number of this li	mited liability con	npany is:	OF STATE E. FLORIDA	AH II: 06	
4. I, James C Babson (Print Name of Person Resigning)		, hereby resign as a Manager (MGR) (Print Title)				
	oility company and affirm the limit	ed liability compa	·	,	d of my	7
Signature of Resi	gning Member, Managing Member	or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					