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(Requestor's Name)				
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
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PICK-UP	WAIT	MAIL		
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(Document Number) ···				
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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

NOV - 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: B. B. H. & L (Name of Limited L	Consulting, LC
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
nicardo brulus	
(Contact Person)	······································
(Firm/Company)	
2020 NE 163'd Street, Ste 300	
(Address)	
North Miami Deach, Florida 33162 (City/State and Zip Code)	 .
For further information concerning this matter, pl	ease call:
Picardo Drufus at ((Name of Contact Person)	305 761 - 5015 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
STREET/COURIER ADDRESS: 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
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 l	imited liability company as	s it appears on the records of	the Florida Department
	B.B.H.&L Consul		•
2. This limited liabil	lity company was organized	3 • • • • • • • • • • • • • • • • • • •	
3. The Florida docum	-	f this limited liability compa	ny is:
4. I, James (Print Na.	es Herard me of Person Resigning)	, hereby resign as aN	langging Member
of this limited liabi	ility company and affirm th	e limited liability company l	nas been notified of my
resignation in writ		,	•
Signature of Resig	n ng Member, Managing N	dember or Manager	
//	\bigcup		
Filing Fee:	\$25.00 (Required)		<u> </u>
Certified Copy:	\$30.00 (Optional)		o <u>≷</u>

CR2E079 (5/06)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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