

L69000086726

(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



800179925558

05/03/10--01034--022 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY -3 PM 2:36

T. HAMPTON

MAY -4 2010

EXAMINER

# **COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: Orlando BC, 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:

**Shawnte Broadus**

(Contact Person)

**Orlando BC, LLC**

(Firm/Company)

**PO Box 620157**

(Address)

**Oviedo, FL 32762**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Shawnte Broadus**

(Name of Contact Person)

at ( **407** ) **486-8036**

(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:**

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

**MAILING ADDRESS:**

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

CR2B079 (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: Orlando BC, 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: L09000086726
4. I, Sharon Cullingford, hereby resign as a Managing Member  
*(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)

CR2E079 (3/06)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY -3 PM 2:06