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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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Certified Copies Certificates of Status
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Office Use Only



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OCT 8 2010 EXAMINER

COVER LETTER

TO:

CR2E079 (5/06)

TO: Registration Section	
Division of Corporations	
SUBJECT: INVERSIONES BAK	
(Name of	Limited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerni	ng this matter to:
RAOUL ODIO	
(Contact Person)	
INVERSIONES BAKHOS LLC	
(Firm/Company)	
4387 NW 7th STREET	
(Address)	
MIAMI, FL 33126	
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
RAOUL ODIO	_{at (} 786 ₎ 5537818
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	le to the Florida Department of State for
\$25 Filing Fee	✓ \$55 Filing Fee &
_ v	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 32301	Tallahassee, Florida 32314



FILED

2010 OCT -7 AM III: 40

TALE AHASSEE FLORIDA

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 /ERSIONES BAKHOS	it appears on the records of the Florida Departs LLC	rtment
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doc 	•	this limited liability company is:	
4. I, LENNIS D		, hereby resign as a MANAGER	
of this limited lia resignation in wr		(Print Title) e limited liability company has been notified lember or Manager	of my
·	\$25.00 (Required) \$30.00 (Optional)		