L1000063054

. (Requestor's Name)
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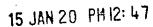
01/20/15--01030--023 **25.00

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Burkins Bowling, LLC			
	(Name of Limited Liability Company)			
The en	nclosed member, resignation or disso	ociation and fee(s) are submitted for filing.	
Please	e return all correspondence concerni	ng this matter to	:	
Thon	nas F Wilkins			
	(Contact Person)			
Burki	ins Bowling, LLC			
	(Fim/Company)			
8605	Persea Court			
	(Address)		_	
Trinit	y, FL 34655			
	(City/State and Zip Code)			
For fu	rther information concerning this ma	atter, please call		
Thom	nas F Wilkins	727	744-4382	
	(Name of Contact Person)		& Daytime Telephone Number)	
	sed please find a check made payable Filing Fee		Department of State for: g Fee & Certified Copy	
	ET/COURIER ADDRESS:		MAILING ADDRESS:	
	ration Section		Registration Section	
	on of Corporations n Building		Division of Corporations	
	Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314	
	assee, Florida 32301		rananassee, Pionua 32314	

CR2E079 (2/14)







FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the Florida Department kins Bowling, LLC				
2. The Florida document/registration number assigned to this limited liability company is: L10000063054					
	ember/manager withdrew/resigned or will withdraw/resign is: urkart, hereby withdraw/resign as a Name of Person Resigning)				
MGRM					
resignation in w	Ability company and affirm the limited liability company has been notified of my riting. Bulkar issociating Member or Resigning Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				