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**EXAMINER** 



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JEGGETARY OF STATE

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations	3	
SUBJECT: LOTOS UNIT	<del></del>	
	(Name of Limited Liability Co	mpany)
The enclosed member, managin filing.	g member or manager resig	gnation and fee(s) are submitted for
Please return all correspondence	concerning this matter to:	:
GUIDO PO		_
(Contact Per	son)	
BPM UNITS LLC		_
(Firm/Comp	any)	
1688 MERIDIAN AVE S	STE # 803	
(Address)		_
MIAMI BEACH/FL/3313	39	
(City/State and 2	Zip Code)	_
For further information concern	ing this matter, please call	:
GUIDO PO	at ( 917	331-1680
(Name of Contact Person		e & Daytime Telephone Number)
Englaced places find a sheet m	ndo navahlo to the Florida	Danautmant of Stata for
Enclosed please find a check ma	- · ·	\$55 Filing Fee &
<b>▼</b> \$23 1 ming 1 €6	·	Certified Copy
STREET/COURIER ADDRE	SS:	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

CR2E079 (5/06)



## 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 appears on the records o	of the Florida Department	
2. This limited liab	ility company was organized	i under the laws of:		
3. The Florida doci L11000038	ument/registration number of	f this limited liability comp	pany is:	
	ame of Person Resigning)			
of this limited lia resignation in wr	bility company and affirm thiting.	e limited liability company	has been notified of my	
Signature of Resi	gning Member, Managing N	dember or Manager		
	\$25.00 (Required) \$30.00 (Optional)		12 SEP 12 SCORETARY TALLAHASSE	