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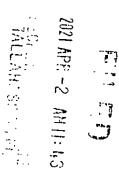
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COVER LETTER

Division of Corporations BHD INVESTMENTS II LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Jamie Tarich (Contact Person) The Tarich Law Firm P.A. (Firm/Company) 1946 Tyler Street (Address) Hollywood, Florida 33020 (City/State and Zip Code) For further information concerning this matter, please call: Jamie Tarich 305 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy **\$25** Filing Fee

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO:

Registration Section



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)

1. The name of the	limited liability company as it a	appears on the records of the Flor	rida Dep	artment
of State is: BHD	INVESTMENTS LLC			 ·
2. The Florida docu	ment/registration number assig	ned to this limited liability comp	any is:	
L11000040221			ر د د	20
3. The date this me	mber/manager withdrew/resigno	 ed or will withdraw/resign is: , hereby withdraw/resign as a	/3 1/2020	21 APR -2
(Print N	ame of Person Resigning)		 .	<u>;;</u>
Member, secretary	and manager			
	Print Title)			: 1 3
of this limited lial resignation in wri		mited liability company has beer	ı notified	d of my
Signature of Di	ssociating Member or Resignin	g Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			