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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Blackbeard & Associates, Lc.

(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:

Alex Zerbone

.

(Contact Person)

Blackbeard and Associates, Llc

(Firm/Company)

2025 NW 102nd Avenue Suite 107

(Address)

Doral, FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

Alex Zerbone	786	2800888
	_ at ()
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$\Box\$ \$\\$25 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

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: _____

2. The Florida document/registration number assigned to this limited liability company

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3. The date this member/manager withdrew/resigned or will withdraw/resign is:

4. I.

Massimiliano Zerbone _____, hereby withdraw/resign as a ______, hereby withdraw/resign as a ______. hereby withdraw/res as a ______. hereby withdraw/resign as a _____. hereby

MGR

2

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing

Signature of Dissocrating Member or Resigning Manager

Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)