L/1000058695

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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J. SAULSBERRY EXAMINER

DCT 9 2012

COVER LETTER

TO: Registration Section Division of Corporations	·	
SUBJECT: BK 1NNFH, LEC		
(Name of Limited Liab	oility Company)	
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for	
Please return all correspondence concerning this ma	atter to:	
Sandra Sousa-Marujo, Esquire		
(Contact Person)		200
		2
LISA & SOUSA, LTD. (Firm/Company)		င်
(Finite Company)		
		AH 90 03
5 Benefit Street (Address)		S.
· · · · · ·		చు'
Providence, Rhode Island 02904		
(City/State and Zip Code)		
For further information concerning this matter, plea	se call	
or turner internation concerning and matter, pro-	50 0411.	
Sandra Sousa-Marujo, Esquite at ((Name of Contact Person) (Ar	401) 274-0600 ea Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the F X \$25 Filing Fee	Clorida Department of State for: \$55 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 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the l	imited liability company as	it appears on the records of th	ne Florida Department
of State is:	BK 1 NFH, LLC		. For ₩
	ity company was organized	under the laws of:	LAHASSEE FI
3. The Florida docum L1100005869		this limited liability company	y is: $\frac{1}{2}$
4. I, Warren San		, hereby resign as a <u>Mana</u>	
(Print Na	me of Person Resigning)		(Print Title)
of this limited liab resignation in writ		e limited liability company ha	s been notified of my
Signature of Resig Warren Sands	ning Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		