Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name ; RICARDO MARTINEZ-CID, P.A.

Account Number: 076640001666

Phone

: (305)632-1950

Fax Number

: (305)854-9788

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** dean-mierre courrege@orange.fr.

| Email | Address: | Jean Presso. | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BNAGLO LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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Corporate Filing Menu

Help

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | |
|---|---|--|--|--|--|--|--|
| SUBJECT: BNAGLO LLC | | | | | | | |
| (Name o | (Name of Limited Liability Company) | | | | | | |
| The enclosed member, resignation or dis | ssociation and fee(s) are submitted for filing. | | | | | | |
| Please return all correspondence concern | ning this matter to: | | | | | | |
| RICARDO MARTINEZ-CID | | | | | | | |
| (Contact Person) | | | | | | | |
| RICARDO MARTINEZ-CID P.A. | | | | | | | |
| (Гіпт/Сояграпу) | | | | | | | |
| 2250 SW 3 Avenue, Ste. 203 | | | | | | | |
| (Address) | . 1 | | | | | | |
| Miami, Florida 33129-2028 | | | | | | | |
| (City/State and Zip Code) | | | | | | | |
| For further information concerning this r | natter, please call: | | | | | | |
| RICARDO MARTINEZ-CID | 305 632 1950 | | | | | | |
| (Name of Contact Person) | at () (Area Code & Daytime Telephone Number) | | | | | | |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy | | | | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 CR2E079 (2/14) | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | | |

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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 of State is: | limited liability company as | it appears on the records of the Florida Departmen |
|------------------------------------|--|---|
| 2. The Florida docu L1100006486 | | signed to this limited liability company is: |
| | _ | gned or will withdraw/resign is: April 6, 2017 |
| 4. I, (Print N MGRM | (ame of Person Resigning) | , hereby withdraw/resign as a |
| | | r limited liability company has been notified of my |
| Signature of Di | ssociating Member or Resign | ling Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | ing Manager 7 APR |

CR2E079 (2/14)