11000123285

(Requestor's Name)				
(Ac	ddress)			
(Address)				
(Ĉi	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

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G. MCLEOD

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EXAMINER



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IT NOV -8 PM 4:45
SECRETARY OF STATE
FALLAHASSEE, FLORID

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: BG MORTGAGE, LLC	
	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
ROBERT WYNER	
(Contact Person)	
BG MORTGAGE, LLC	
(Firm/Company)	
249 PERUVIAN AVENUE	
(Address)	
PALM BEACH, FL 33480	
(City/State and Zip Code)	
For further information concerning this matter, p	blease call:
ROBERT WYNER at	₍ 561 ₎ 659-0000
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	e Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
-	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

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 MORTGAGE, LLC	it appears on the record	s of the Florida Departmen
2. This limited liab	oility company was organized	l under the laws of:	
3. The Florida doc <u>L1100012</u> 3	ument/registration number of 3285	f this limited liability cor	npany is:
4. I, DAVID PINTO (Print Name of Person Resigning)		, hereby resign as a	MGRM
(Print Name of Person Resigning)			(Print Title)
of this limited lia resignation in wr	bility company and affirm th iting.	e limited liability compa	ny has been notified of my
Da	5) Varto		Ac 🕳
Signature of Res	igrling Member, Managing M	1ember or Manager	II NOV -8
Filing Fee:	\$25.00 (Required)		CP.
	\$30.00 (Optional)		OF STATE