## 1/20000/3504

(Re	questor's Name)	
(Ad	dress)	· .,
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	A. L	UNT
	FEB 1	<b>4</b> 2011
	EXAM	INER .
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SECRETARY OF STATE

2012 FEB 13 PM 中電

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: BOH GROUP LLC (Name of Limited Liability Cor	npany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
OMAR HEVIA	_
(Contact Person)	
BOH GROUP LLC	<b>20</b>
(Firm/Company)	IZFI
21901 SW 187 AVE	2012 FEB 13 RM
(Address)	The loran
MIAMI, FL 33170	FLORID.
(City/State and Zip Code)	Dr. Dr.
For further information concerning this matter, please call:	
OMAR HEVIA at ( 305	773-8016
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I. \$25 Filing Fee	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 limited liability company as it ap of State is: BOH GROUP LLC	opears on the records of the Florida Department	
2. This limited liability company was organized und MIAMI-DADE COUNTY, FLORIDA	/ F75	cirdo ra
3. The Florida document/registration number of this L12000013504	s limited liability company is:	ニカブ
4. I, OMAR O. HEVIA  (Print Name of Person Resigning)	, hereby resign as a MGRM (Print Title)	\$
of this limited liability company and affirm the lim resignation in writing.  Signature of Resigning Member, Managing Member	nited liability company has been notified of my	

\$25.00 (Required) \$30.00 (Optional)

Filing Fee: Certified Copy: