

L12 0000 20528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

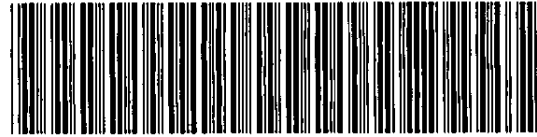
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 APR 26 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 29 2013

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2013

YAMILE GUZMAN  
8025 W. 36TH AVE (#4)  
HIALEAH, FL 33018

SUBJECT: BISCAYNE BAY INSTITUTE, LLC  
Ref. Number: L12000020528

We have received your document for BISCAYNE BAY INSTITUTE, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This filing is not needed. Enclosed is a copy of the registered agent listed. If you are trying to resign as manager enclosed is the proper form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 513A00008513

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

SUBJECT: Biscayne Bay Institute, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

**Please return all correspondence concerning this matter to:**

Yamile Guzman  
(Contact Person)

(Firm/Company)

8025 W. 36<sup>th</sup> AVE (#4)  
(Address)

Hialeah, FL 33018  
(City/State and Zip Code)

**For further information concerning this matter, please call:**

Yamile Guzman at (786) 768 6101  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$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)

**THE**

2013 APR 26 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

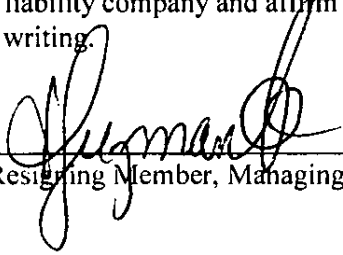
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Biscayne Bay Institute, LLC.

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L12000020528

4. I, Yamile Guzman, hereby resign as a MEM  
(Print Name of Person Resigning) (Print Title)

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

  
Signature of Resigning Member, Managing Member or Manager

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

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