## L120000020875

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

Division of Corporations
SUBJECT: 4 BEES ENTERPRISES, LLC.  (Name of Limited Liability Company)
(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:
Elizabeth Burnette (Contact Person)
4 BEES ENterprises, LLC DBA Breezy Bay Consignment
(Address)
Apollo Beoch, FL 33572 (City/State and Zip Code)
For further information concerning this matter, please call:
Beth Barnette at (407) 538-2719  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sim\$\$\sum_\$\$25 Filing Fee \$\sum_\$\$ 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 loof State is:	imited liability company as it appears on the records of the Florida Department FRES ENTERPRISES LLC.
2. This limited liabi	lity company was organized under the laws of:
	ment/registration number of this limited liability company is:
4. I, Robert	TBOOK , hereby resign as a MGRM (Print Title)
of this limited liab	ility company and affirm the limited liability company has been notified of my ting.
Signature of Resignature	gning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
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