L1200028520

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
		;





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COVER LETTER

_	ion of Corporations			
SUBJECT:	BUBBAWORKS, LLC			
(Name of Limited Liability Company)				
The enclosed	member, resignation or dissocia	ition and fee(s	s) are submitted for filing.	
Please return	all correspondence concerning t	his matter to:		
THOMAS F	I BIRKA			
	(Contact Person)		_	
	(Firm/Company)		_	
PO BOX 13			_	
	(Address)			
DEFUNIAK	SPRINGS, FL 32435			
	(City/State and Zip Code)		_	
For further in	formation concerning this matte	r, please call:		
THOMAS H	BIRKA	850	892-3334	
(Na	ame 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 \$\subseteq\$ \$55 Filing Fee & Certified Copy				
Registration Division of Clifton Build 2661 Execution	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)





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)

	limited liability company as it appears on the records of the Florida Department BAWORKS, LLC
2. The Florida docu L1200002852	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, TRAVIS W. I	BEAVER hereby withdraw/resign as a
(Print N	hereby withdraw/resign as a jame of Person Resigning)
MGRM	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
James 1	J Beauer
	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)