L12000040507

(Re	questor's Name)			
(Address)				
(Address)				
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SECRETARY OF STATE
ALL BHASSEF, FLODING

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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Divis	ion of Corporations			
SUBJECT:	BSB DELRAY, LLC			
SOBSECT.	(Name of Limited Liability Company)			
The enclosed	l member, resignation or dissocia	ition and fee((s) are submitted for filing.	
Please return	all correspondence concerning	his matter to	;	
Marius Geo	i, Esq			
	(Contact Person)		_	
Ellis, Ged 8	& Bodden, P.A			
	(Firm/Company)		_	
7171 North	Federal Highway			
	(Address)		_	
Boca Rator	n, FL. 33487			
	(City/State and Zip Code)		_	
For further in	nformation concerning this matte	r, please call	:	
Kimone Ha	II	561	910-8245	
(N	ame of Contact Person)		le & Daytime Telephone Number)	
Enclosed ple \$25 Filing	ease find a check made payable to		Department of State for: ng Fee & Certified Copy	
_ \$20 ·	,	_ \$55	g. w w common copy	
Registration			MAILING ADDRESS: Registration Section	
Division of Clifton Build	Corporations ling		Division of Corporations P.O. Box 6327	
2661 Execut	ive Center Circle Florida 32301		Tallahassee, Florida 32314	

RESIGNATION

I, Jeffry ("Jeff") Zadoff hereby resign as an officer, member, manager, and employee of BSB DELRAY, LLC, a Florida limited Liability Company, to be effective concurrently with the execution MEMBERSHIP PURCHASE, INDEMNIFICATION AND GENERAL RELEASE AGREEMENT.

Dated Effective: October

2014



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)

The name of the limited liability company as it apports of State is: BSB DELRAY, LLC	pears on the records of the Florida Department
2. The Florida document/registration number assigne L12000040507	ed to this limited liability company is:
3. The date this member/manager withdrew/resigned 4. I, JEFF ZADOFF (Print Name of Person Resigning) (Print Title) (Print Title)	or will withdraw/resign is: 10 2/2014
of this limited liability company and affirm the liming resignation in writing. Signature of Dissociating Member of Resigning Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	