L1300054197

•					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



100260861801

06/19/14--01012--001 **98.75

TO ACHIEVE WE THE SUFFICIENCY OF FILING

2014 JUNIS MY 9 4

14 JUH 19 MM 9: 29

JUN 1 9 2015

T. LEMIEUX



COVER LETTER

Division of Corporations	
SUBJECT: The B-FAAST Group, LLC (Name of Limited Liability Company)	
(Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Patrick Nelson (Contact Person)	
(Contact Person)	
The B-FAAST Group, LLC (Firm/Company)	
(Firm/Company)	
211 Oakland Ave. (Address)	
(Address)	
Tallahassee, FL 32301	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Wette Nelson at (850) 320-3785	
(Name of Contact Person) (Area Code & Daytime Telephone Number	:r)
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$25 \text{ Filing Fee & Certified Copy}\$\$	
□ \$25 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327	
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314	
Tallahassee, Florida 32301	

CR2E079 (2/14)

TO: Registration Section



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)

1. The name of the	limited liability company as	it appears on the records of	of the Florida Department
	The B-FAAST On		·
2. The Florida doc	ument/registration number as	ssigned to this limited liabi	ility company is:
_130	0000 5 4197		
3. The date this me	ember/manager withdrew/res	igned or will withdraw/res	ign is: <u>6/18/14</u>
4. I, //Vet/	Le Nelson Jame of Person Resigning)	, hereby withdraw/res	sign as a
<u>Ma</u>	nager President (Prodi Title)		
of this limited lia resignation in wr	bility company and affirm th	e limited liability company	y has been notified of my
1/4/4/	Men		Etyl. work
Signature of D	ssociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		