L13000104160

(Re	questor's Name)	·		
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





500276883455

09/21/15--01036--023 **25.00



SEP 2 4 2015 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: BC Eagle Investments (Name of Limited Liability Com	LLC pany)			
` .				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
(Contact Person)				
(Contact Person)				
(Firm/Company)				
36482 Doral Drive				
Grand Island FL 32735				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) (Name of Contact Person) (Area Code of Contact Person)	442-0700			
(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 \$25 Filing Fee & Certified Copy				
	MAILING ADDRESS:			
· · · · · · · · · · · · · · · · · · ·	Registration Section Division of Corporations			
•	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	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)

	• • •		rds of the Florida Department
of State is: BC	, Eagle Investm	ients LLC	·
2. The Florida doc	ument/registration number a	assigned to this limited l	liability company is:
L130001	104160	•	
3. The date this me	ember/manager withdrew/re	signed or will withdraw	/resign is: 10/1/2015
4. I, WILL	Iame of Person Resigning)	, hereby withdraw	v/resign as a
MGR			
	(Print Title)		
of this limited lia resignation in wr		he limited liability comp	pany has been notified of my
With	- hz		T: 2
Signature of D	ssociating Member or Resi	gning Manager	ZIIS SEP
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		21 PH 2