## 213000144303

(Requestor's Name)							
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Cit	v/State/7in/Phon	e #0					
(City/State/Zip/Phone #)							
PICK-UP	MAIT	☐ MAIL					
(Bu	siness Entity Na	me)					
(Do	cument Number	)					
Certified Copies	_ Certificate	s of Status					
•							
Special Instructions to	Filing Officer:						
	OCT 2	2 9 <b>2013</b>					
A. LUNT							

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Company)  SUBJECT: (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) filing.	are submitted for
Please return all correspondence concerning this matter to:	28
Berjann S. Colinski (Contact Person)	OCT 25 P
(Firm/Company)	EFERRE
2880 N Wickham RJ Apr 909 (Address)	
(Address)  McBoure FL 30935  (City/State and Zip Code)	
For further information concerning this matter, please call:	
Ben Celinski at (321) 615-1 (Name of Contact Person) (Area Code & Daytime Teleph	143 none Number)
Enclosed please find a check made payable to the Florida Department of Stat  \$25 Filing Fee \$\sum \text{Certified Copy}\$	
STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, Florida 32301  MAILING ADI Registration Section  Registration Section  Division of Corp  P.O. Box 6327  Tallahassee, Florida 32301	tion porations

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	limited liability company as it appear	ars on the records o	of the Flor	rida Dep	artmen	ıt
of State is:	BCDC Holdings, L	LC				,
2. This limited liab	ility company was organized under t			TALLAHASSEC	2013 OCT 25	The same of the sa
<u>L13</u>	ument/registration number of this lin	•	·	STAT	ြာ မြော် ယ	
4.1, Benja	min S. Colinski, h	ereby resign as a _	Mana	nt Title)	Me	inbe-
of this limited liab resignation in wri	pility company and affirm the limite ting.	d liability company	has been	notified	l of my	7
Signature of Resi	gning Member, Managing Member	or Manager				
Filing Fee:	\$25.00 (Required)					
Certified Copy:	\$30.00 (Optional)					