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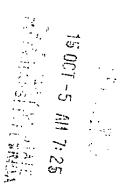
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TO:

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Registration Section

Division of Corporations BEAR ROCK 29 LLC SUBJECT: (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: MARIAN HORGAN (Contact Person) **BEAR ROCK 29 LLC** (Firm/Company) 27060 RICHVIEW CT (Address) **BONITA SPRINGS, FL 34135** (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) MARIAN HORGAN (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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)

	e limited liability company as	s it appears on the records of the	e Florida Department
2. The Florida doo L1400001869	_	ssigned to this limited liability c	company is:
4. I, KENT KOLI	-	igned or will withdraw/resign is, hereby withdraw/resign a	. , 2.3
MEMBER of this limited li	(Print Title) ability company and affirm th	ne limited liability company has	been notified of my
resignation in w			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		