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COVER LETTER

_	stration Section sion of Corporations				
SUBJECT:	34632 BIMINI BAY, LLC				
	(Name of Limited Liability Company)				
The enclosed	d member, resignation or dissocia	tion and fee(s	s) are submitted for filing.		
Please return	all correspondence concerning t	his matter to:			
BARBARA G	ARCIA				
	(Contact Person)		_		
BG LAW, P.A					
	(Firm/Company)		_		
999 PONCE D	DE LEON BLVD. STE 1105				
	(Address)	<u> </u>	_		
CORAL GAB	LES. FL 33134				
	(City/State and Zip Code)		_		
For further in	nformation concerning this matte	r, please call:			
BARBARA G		786 at (431-5779		
(N	ame of Contact Person)		& Daytime Telephone Number)		
Enclosed ple	ase find a check made payable to	the Florida I	Department of State for:		
\$25 Filing			g Fee & Certified Copy		
Mailir	ng Address:		Street Address:		
Regis	stration Section		Registration Section		
	sion of Corporations		Division of Corporations		
	Box 6327 hassee, FL 32314		The Centre of Tallahassee		
i alla	nassee, FL 32314		2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		

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)

	limited liability company as 2 BIMINI BAY., LLC	• •	f the Florida Department
	ument/registration number a		ity company is:
BARRARA GA	ember/manager withdrew/res RCIA 'ame of Person Resigning)		
	(Print Title) bility company and affirm the iting.	ne limited liability company	has been notified of my
Filing Fee:	issociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ning Manager	2020 JUL 30 AMI SECRETARY OF S