L14000135743

(Re	equestor's Name)	
(Ac	(dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FILED SECRETARY OF STATE TALLAHASSEE.FLORIDA

DEC 22 2014 T. CARTER

COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: Boyce Industrial Complex, LLC.	
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to:
Kevin Helton	
(Contact Person)	
Boyce Industrial Complex, LLC.	
(Firm/Company)	
135 West Marion Avenue	
(Address)	
Edgewater, Florida 32132	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Kevin Helton	386 402-7807
(Name of Contact Person)	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ■ \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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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)

	c limited liability company as it appears on the records of the Florida Department ce Industrial Complex LLC
2. The Florida doc L1400013574	ument/registration number assigned to this limited liability company is:
4. I, Shirley J. Bo	, nereby withdraw/resign as a
(Print) Member/Mar	Name of Person Resigning) nager (Print Title)
resignation in wi	ability company and affirm the limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)