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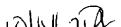
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dasiness Line)
(Document Number)
(Excemient Number)
Catiford Carries
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



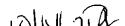


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TO: Registration Section

COVER LETTER

Division of Corporations	
CUDICAT RHONE LLC	
SUBJECT: BH ONE, LLC. (Name of Limited	d Liability Company)
The enclosed member, resignation or dissociati	on and fec(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to:
VALERIA RODŖIGUEZ	
(Contact Person)	
(Firm/Company)	
3785 NE 168TH. STREET	
(Address)	
NORTH MIAMI BEACH, FL 33160	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
VALERIA RODRIGUEZ a	t (_786) <u>208</u> -6957
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for:
	3 S55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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)

1. The name of the	limited liability company as it appears on the	records of the Florida Department
of State is: BH C	ONE, LLC.	
2. The Florida docu	ment/registration number assigned to this lim	ited liability company is:
L14000188317	,	
3. The date this me	nber/manager withdrew/resigned or will with	draw/resign is: 9-27-21
4. 1, VALERIA RO (Print No.	DRIGUEZ hereby with ume of Person Resigning)	ndraw/resign as a
MANAGER	D	
·	Print Title) sility company and affirm the limited liability	aannani kaa kaan natifad af ma
resignation in wri	ting.	company has been notified of my
Signature of Di	ssociating Member or Resigning Manager	;
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	