

L150000069952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200283791032

04/08/16--01005--001 *\$25.00

16 APR -6 AM 11:45
RECEIVED
FILING OFFICE

APR 08 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2016

IMRAN CHAUDHRY
BYIC LLC
1315 WEST CHURCH STREET
ORLANDO, FL 32805

SUBJECT: BYIC LLC
Ref. Number: L15000069952

We have received your document for BYIC LLC and check(s) totaling \$20.00. However, your check(s) and document are being returned for the following:

Please return form with a check in the amount of \$25.00

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 516A00006120

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BYIC LLC

(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:

IMRAN CHAUDHRY

(Contact Person)

BYIC LLC

(Firm/Company)

1315 WEST CHURCH STREET

(Address)

ORLANDO, FL 32805

(City/State and Zip Code)

For further information concerning this matter, please call:

IMRAN CHAUDHRY

(Name of Contact Person)

at (407) 999-9918
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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



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: BYIC LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000069952

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/20/2015

4. I, BRUCE YOUNG, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

16 APR -6 AM 11:45
FILED
STATE OF FLORIDA