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COVER LETTER

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	stration Section sion of Corporations			
D1412	sion of Corporations			
SUBJECT:	BK Exhibit Solutions, LLC			
	(Name of L	imited Liability Cor	mpany)	
The enclosed	d member, resignation or disso	ciation and fee(s	e) are submitted for filing.	
Please return	all correspondence concerning	g this matter to:		
Paul W. Ed	len			
	(Contact Person)		-	
Northstar E	Exhibit Services, Inc.		SECRE	55 字 寸
	(Firm/Company)		The state of the s	
12103 NW	47 Manor			E D
	(Address)			PH 5: 05
Coral Sprin	gs, FL 33076		10 A	30
	(City/State and Zip Code)		_	
For further in	nformation concerning this ma	tter, please call:		
Paul W. Ed	len	954 at (336-5750	
(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed ple □ \$25 Filing	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy	
	OURIER ADDRESS:		MAILING ADDRESS:	
Registration Division of C		•	Registration Section Division of Corporations	
Clifton Build			P.O. Box 6327	
	ive 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)

1. The name of the	limited liability company as	s it appears on the records of the	Florida Department
of State is: BK E	Exhibit Solutions,LLC		
2. The Florida docu	ument/registration number as	ssigned to this limited liability co	ompany is:
L1500013045	7		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	12/07/2015
4. I, Northstar Exhibit Services, Inc. (Print Name of Person Resigning)			
(Print N	ame of Person Resigning)	· · · · · · · · · · · · · · · · · · ·	
Manager			
	(Print Title)		
of this limited liab resignation in wr		ne limited liability company has b	
Signature of Di	Sociating Member or Resig	ning Manager	FILED DEC 31 PN ETARY OF S HASSEE, PL
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		S: OS