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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Boyrell G' Salos. (Name of Limite	SEQ LLC
(Name of Limite	ed Liability Company)
The enclosed member, resignation or dissociate	tion and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to:
Joe Bennett (Contact Person)	
(Contact Person)	
RMILL 57 Salom SRQ Li (Firm/Company)	<u></u>
6587 Gateway An	
(Address)	
Syasota FL 34231 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Joe BenNITT	at (941) 345-6514 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314

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CR2E079 (2/14)

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 liabi	lity company a	as it appears on	the records of	the Florida Department
of State is:	Bayrell A	37 Salos.	n sro	LLC	·
2. The Florida doc	ument/registr	ation number	assigned to this	s limited liabili	ity company is:
L 150	000 169	5.95	 •		
3. The date this me	ember/manag	er withdrew/re	esigned or will	withdraw/resig	gn is: <u>5///13</u>
4.1. <u>Curt</u>	s There lame of Person	Vi. S Resigning)	, herehy	withdraw/resi	gn as a
Mam	k. –				
	(Print Title)				
resignation in wr	riting.	ny and affirm t	the limited liab	ility company	has been notified of my
Carolin	Mean		`		:
Signature of D	issociating M	lember or Resi	igning Manage	?	`
					م بر
Filing Fee:	\$25.00 (I	Required)			-
Cortified Copy	\$30.0070	Intionall			-