Laddon num

| (R | equestor's Name) | | | |
|---|----------------------|----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (C | ity/State/Zip/Phone# |) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of | f Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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Office Use Only



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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

| Division of Corporations | | | |
|---|---------------------------------------|-----------------------|------------|
| BJ Tampa One, LLC | | | |
| | Limited Liability C | отрапу) | |
| The enclosed member, resignation or disse | ociation and fee | (s) are submitted for | filing. |
| Please return all correspondence concerning | ng this matter to | : : | |
| Michael Ulizio | | | |
| (Contact Person) | | | |
| MU Holdings, LLC | | | |
| (Firm/Company) | | | |
| 6893 Il Regalo Circle | | | |
| (Address) | | | 3 5 |
| Naples, FL 34109 | | | THE THE |
| (City/State and Zip Code) | | | 22 |
| For further information concerning this ma | atter, please call | : | PA C |
| Michael Ulizio | 239 at (| 826-5584 | 55 S |
| (Name of Contact Person) | · · · · · · · · · · · · · · · · · · · | le & Daytime Telephor | ne Number) |
| Enclosed please find a check made payable | e to the Florida | Department of State | for: |
| ■ \$25 Filing Fee | | g Fee & Certified Co | |
| | | | |
| STREET/COURIER ADDRESS: | | MAILING ADDR | RESS: |
| Registration Section | | Registration Section | |
| Division of Corporations | | Division of Corpor | rations |
| Clifton Building | | P.O. Box 6327 | |
| 2661 Executive Center Circle | | Tallahassee, Florid | a 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 | it appears on the records o | f the Florida Department | | |
|----------------------|--|--------------------------------|-----------------------------|--|--|
| of State is: BJ T | ampa One, LLC | | • | | |
| | ment/registration number as | ssigned to this limited liabil | lity company is: | | |
| L 16 00 | 1407 000 | · | | | |
| 3. The date this me | mber/manager withdrew/res | igned or will withdraw/resi | gn is: | | |
| 4. I, | | hereby withdraw/res | hereby withdraw/resign as a | | |
| (Print N | ame of Person Resigning) | , increasy withdrawwii too. | .B.i. 45 4 | | |
| Member | | | | | |
| | (Print Title) | | | | |
| of this limited liab | oility company and affirm th | e limited liability company | has been notified of my | | |
| <u></u> | AS | | 786 B | | |
| Signature of Di | ssociating Member or Resig | ning Manager | FILE FB 22 CHASSEL | | |
| _ | \$25.00 (Required) \$30.00 (Optional) | | - NI NE - SI | | |