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COVER LETTER

TO:	Registration Section • Division of Corporations			•		
SUBJ	BRIDGE TO	BRIDGE TOWERS SOLUTIONS LLC				
	(Name of Lin	mited Liability Co	ompany)			
The e	nclosed member, resignation or dissoc	ciation and fee	(s) are su	bmitted for filing.		
Please	e return all correspondence concerning	g this matter to	:			
	ANGELA MACK					
	(Contact Person)		_			
TAX	ACCOUNTING FINANCIAL SPEC	CIALISTS LLC	0			
	(Firm/Company)		_			
	2295 S. HIAWASSEE RD SUIT	E 407F				
	(Address)	<u></u>	_			
	ORLANDO -FLORIDA 3283	35				
	(City/State and Zip Code)		_			
For fu	rther information concerning this mat	ter, please call:	:			
_	ANGELA MACK	407 at (710-	0808		
	(Name of Contact Person)	_ `	e & Dayti	me Telephone Number)		
Enclos ■ \$25	sed please find a check made payable t Filing Fee			ent of State for: Certified Copy		
Regist Divisio Cliftor 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations in Building Executive Center Circle assee, Florida 32301		Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, Florida 32314		

CR2E079 (2/14)



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	e limited liability company as	it appears on the records of the I	Florida Departmen
of State is:	BRIDGE TOWERS		
2. The Florida doc L160000697		ssigned to this limited liability co	ompany is:
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is:	06/20/2017
	CECAD MANULOCI	, hereby withdraw/resign as	
	Same of Person Resigning)	nereby withdrawnesign as	· 法位置
	MGR		
	(Print Title)		
resignation in wr	Man A	e limited liability company has b	een notified of my
Signature of 19	issociating Member or Resign	ting Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		