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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BITTCO Exterprises 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:
Angela Bitting (Contact Person)
(Firm/Company)
1950 SYDNEY DOVER RO. (Address)
DOYER, FL 33527 (City/State and Zip Code)
For further information concerning this matter, please call:
Angela Bitting at (813) 732, 8554 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

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 l	imited liability comp	any as it ap	pears on the rec	ords of the Fl	orida De	partment
of State is:	BITTCO	Enter	prises,	ue		·
2. The Florida document	ment/registration nur	nber assign	ed to this limite	d liability con	npany is:	
L16000	130623		·			
3. The date this men	nber/manager withdr	ew/resigned	l or will withdra	aw/resign is: _	July	17,2016
	Bitting me of Person Resigning)					
	20 Represent Print Title)					
of this limited liab resignation in writ	ility company and af ting.	firm the lim	ited liability co	mpany has be	en notifi	ed of my
amelia	Bitting sociating Member of					
Signature of Dis	sociating Member or	Resigning	Manager		~2	
Filing Fee: Certified Copy:	\$25.00 (Required))		THASET T	mi 世21 A o	FILED
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