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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

CR2E079 (2/14)

Be Tech Group LLC			
SUBJECT:	mited Liability Co	mpany)	6
The enclosed member, resignation or dissoc	ciation and fee(	s) are submitted for filing	
Please return all correspondence concerning	g this matter to:	ASSEE	•
David Garay		. 기대 교육()	
(Contact Person)		- Billion	
(Firm/Company)		_	
PO Box 226653			
(Address)		_	
Miami, FL 33222			
(City/State and Zip Code)		<b>_</b>	
For further information concerning this mat	ter, please call:		
David Garay	786 at (	985-3520	
(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)	
Enclosed please find a check made payable ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		P.O. Box 6327 Tallahassee, Florida 32314	



## 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 of the Florida Department of State is: \_\_\_\_ 2. The Florida document/registration number assigned to this limited liability company is: L16000138627 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/6/2018 4. I, Susana Garay (Print Name of Person Resigning) \_\_\_\_\_, hereby withdraw/resign as a Managing Member (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee: Certified Copy: