## 116000153771

(Re	equestor's Name)		
(Ad	ldress)		
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
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SECRETARY OF STATE
SECRET

K. SALY MAY - 8 2018

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: BSAS Holdings LLC		
	(Name of I	Limited Liability Co	mpany)
The en	nclosed member, resignation or disso	ociation and fee(s	s) are submitted for filing.
Please	return all correspondence concerning	ng this matter to:	
Robe	rt Spoont		
	(Contact Person)		_
	(Firm/Company)		_
8180	Twin Lake Drive		
	(Address)		<del></del>
Boca	Raton, FL 33496		
	(City/State and Zip Code)	****	
For fur	rther information concerning this ma	atter, please call:	
Robe	rt Spoont	561	703-0438
	(Name of Contact Person)		e & Daytime Telephone Number)
	sed please find a check made payabl Filing Fee		Department of State for: g Fee & Certified Copy
Registr Division Clifton 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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)

	limited liability company as it appears on the records of the Florida Department AS Holdings LLC
2. The Florida doc L1600015377	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 4/24/2018
A -l C	, hereby withdraw/resign as a lame of Person Resigning)
Manager and	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)