11600/68993

(Re	questor's Name)			
(Ad	dress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Do	ocument Number)			
•	,			
Certified Copies	Certificates	of Status		
	_			
Special Instructions to Filing Officer:				
		,		

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J SHIVERS

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	Boca Goods LLC					
	(Name of L	(Name of Limited Liability Company)				
The e	enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.			
Please	e return all correspondence concernin	g this matter to	:			
Barb	ara M Nash					
	(Contact Person)					
Boca	a Goods LLC		I			
	(Firm/Company)		_			
1037	70 Rio Lindo		1			
	(Address)					
Delra	ay Beach Florida 33446					
	(City/State and Zip Code)		_			
For fi	urther information concerning this ma	itter, please call				
Barb	ara M Nash	561	702-9312			
	(Name of Contact Person)		le & Daytime Telephone Number)			
	osed please find a check made payable 5 Filing Fee		Department of State for: ig Fee & Certified Copy			
Regis Divis Clifte 2661 Tallal	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle hassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
CR2E0)79 (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	limited liability company as	s it appears on the records	of the Florida Department
of State is: Boca	a Goods LLC		
2. The Florida docu	ument/registration number a	ssigned to this limited liab	oility company is:
L1600016899	3	<u> </u>	T Aug
3. The date this me	mber/manager withdrew/res	signed or will withdraw/re	
4. l. Barbara M N	ash	, hereby withdraw/re	esign as a 27: 27
(Print N	ame of Person Resigning)		72
Title MGR		1	02 7
-	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compar	ny has been notified of my
Barbar	a M Nash	·	
	issociating Member or Resig	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		