116000200882

(Re	equestor's Name)			
(,	, ,			
(Address)				
(Address)				
·				
-				
(City/State/Zip/Phone #)				
_				
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	nej		
(Document Number)				
	•			
Certified Copies	Certificates	s of Status		
.				
Special Instructions to Filing Officer:				
		!		
		i		
		-		

Office Use Only



500299977775

06/13/17--01015--013 **25.00

ZOT JUN 13 AM 10: OS
SECRETARY OF STATE
TALL AHASSEF FLORIO

J. HARRIE

COVER LETTER

Division of Corporations				
SUBJECT: Bolyqueso Enterphises, LLC (Name of Limited Liability Company)				
(Name of Emiliea Elability Company)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Francis Anayo (gontact Person)				
(Firm/Company)				
4905 21th st West # 102				
Bradenton, FL 34207 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Thouas Anound at 407, 9249637 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$\frac{12}{2}\$\$ \$25 Filing Fee \$\frac{1}{2}\$\$ \$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	limited liebilies commons		of the Elevide Department
		as it appears on the records Enterphise	
L16000	200882	r assigned to this limited lial	, ,
3. The date this mer	mber/manager withdrew/	resigned or will withdraw/re	esign is: $0\sqrt{31/17}$ csign as a
4. I, 1160 (Print No.) (Print No.)	ame of Person Resigning)	, hereby withdraw/r	esign as a
of this limited liab		- the limited liability compar	ny has been notified of my
resignation in wri	ing.		
Signature of Dis	ssociating Member or Re	signing Manager	SECRE I
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ARY OF STA