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Registration Section TO: **Division of Corporations** BALTOLYN INVESTMENTS, LLC SUBJECT: (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: MARK E. BUECHELE (Contact Person) MARK E. BUECHELE, ESQ. (Firm/Company) PO BOX 552135 (Address) DAVIE, FL 33355-2135 (City/State and Zip Code) For further information concerning this matter, please call: MARK E. BUECHELE 305 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee ☐ \$55 Filing Fee &: Certified Copy Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



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 limi	ted liability company as it appe	ars on the records of the Florida Department
of State is: BALTOLY	N INVESTMENTS, LLC	
2. The Florida documer	nt/registration number assigned	to this limited liability company is:
L16000221076		
3. The date this member	r/manager withdrew/resigned o	r will withdraw/resign is: October 23, 2020
(Frint Name	of Person Resigning)	•
MANGER/MEMBER	(and all other positions)	
(Prin	(Title)	
of this limited liabilit	y company and affirm the limit	ed liability company has been notified of my
resignation in writing		
Signature of Dissor	ciating Member or Resigning M	lanager
		000
	\$25.00 (Required)	Imager 7910(27.30
Certified Copy:	\$30.00 (Optional)	A1110: