

**L1700016301**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.  
Account Number : 076624003440  
Phone : (305)444-6226  
Fax Number : (305)442-4829

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BIM XTREME LLC

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BIM XTREME LLC  
(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:

LAURA KOHN  
(Contact Person)

ARAZOZA & FERNANDEZ-FRAGA P.A.  
(Firm/Company)

2100 SALZEDO STREET, SUITE 300  
(Address)

CORAL GABLES, FL 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA KOHN at ( 305 ) 444-6226 x 233  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
 \$25 Filing Fee  \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
266 i Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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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: BIM XTREME LLC

2. The Florida document/registration number assigned to this limited liability company is: L17000016301

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/22/2019

4. I, JOSE EMILIO NOGUÉS MEDIAVILLA hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MEMBER

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified by my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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