417000069334

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| | Office Use On | du |



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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|---|--|--|
| SUBJECT: BB MANAGEMENT | | | |
| (Name of Limited) | Liability Company) | | |
| The enclosed member, resignation or dissociation | n and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this | matter to: | | |
| JEHNY BARNA (Contact Person) | | | |
| BB MANAGEMENT SOLUTIONS, (Firm/Company) | ili | | |
| 4145 SW 190 AVE (Address) | _ | | |
| MIRAMM, 7 33029 (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| JEHNY BERIND at (Name of Contact Person) | (Area Code & Daytime Telephone Number) | | |
| Englosed please find a check made payable to the | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, 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)

| 1. The name of the limited fiability company as it appears on the records of the Florida Department | |
|--|----------|
| of State is: BB MANAGEMENT SOLUTIONS, LLC | |
| 2. The Florida document/registration number assigned to this limited liability company is: | |
| <u>L17000069334</u> | |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07 11/2017 | |
| 4. I. CARLOS E BRAUD , hereby withdraw/resign as a (Print Name of Person Resigning) | |
| HANA6M. (Print Title) of this limited liability company and affirm the limited liability company has been notified for the liability company has been no | |
| of this limited liability company and affirm the limited liability company has been notified of | <u> </u> |
| Signature of Dissociating Member or Resigning Manager | |
| Signature of Dissociating Member or Resigning Manager | |

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)