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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

SUBJECT: Bay ARRA Builds, 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:
Jonathan Magruder (Contact Person)
Bay AREA Builds LC.
4433 IRIS STN. (Address)
Strete FL 33714 (City/State and Zip Code)
For further information concerning this matter, please call:
Jonathan Magvuderat (727) 235-3117 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \$\\$55 \text{ Filing Fee & Certified Copy}\$\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida, 32314



## 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 a	s it appears on the records of th	e Florida Department
of State is:	Bay AREA	Builds, LL	<u> </u>
2. The Florida docu	ament/registration number a	assigned to this limited liability	company is:
L17000	0116512	<u></u> .	
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign	is: 12/4/17
4.1, <u>Tess</u>		1, hereby withdraw/resign	
MANYA	Q-Ex- (P int Title)		
of this limited lia resignation in wr	• •	he limited liability company has	s been notified of my
- gran Va	mys		22
Signature of Di	ssociating Member or Resig	gning Manager	; [7] ; 53 to
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		8 ₽: !?
			<u></u>