117000/68361

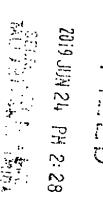
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	BP 5941 LLC		
		ted Liability Co	mpany)
The e	nclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please	e return all correspondence concerning t	his matter to:	
Juan	Singun		
	(Contact Person)		_
BP 5	941 LLC		
	(Firm/Company)		
1900	Sunset Harbour Drive, Annex 2 FL		
1	(Address)		_
Mian	ni Beach, FL 33139		
	(City/State and Zip Code)		_
For fu	irther information concerning this matte	r, please call	
Juan	Singun	305	4384100
	(Name of Contact Person)		e & Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		Department of State for: g Fee & Certified Copy
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, 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 of State is: $\frac{bp 5}{a}$	limited liability company as it appears on the reco	rds of the Fl	orida D	epartm	ient 			
2. The Florida docu	ment/registration number assigned to this limited liability company is:							
L1700016836			3 .0	23				
3. The date this me	mber/manager withdrew/resigned or will withdraw	/resign is: _	6/2.1/20)1 <u>9.</u>	* 4			
, , John Olsen	Laurela consideration			24	1			
4. I. (Print N	, hereby withdrav ame of Person Resigning)	wresign as a		PK				
Manager			्री सुभा	ΐ				
	Print Title)		- Ar	28				
of this limited lia resignation in wr	oility company and affirm the limited liability com ting.	pany has be	en notil	fied of	my			
Signature i lb	ssociating Member or Resigning Manager							
Filing Fee:	\$25.00 (Required)							
Certified Copy:	\$30.00 (Optional)							