

L17000 228463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

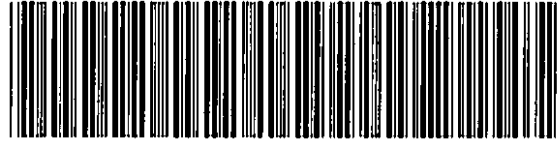
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400340360184

03/11/20--01014--008 **25.00

2020 FEB 11 PM 5:43

FILED

Resignation

MAR 17 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BMOUSE PRODUCTIONS, 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:

ANGELA MACK

(Contact Person)

FAX ACCOUNTING & FINANCIAL SPECIALISTS LLC

(Firm/Company)

2295 S HIAWASSEE RD STE 407F

(Address)

ORLANDO, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGELA MACK

(Name of Contact Person)

at (407) 710-0808

(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

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2020 FEB 11 PM 5:43
SEALING
FALLING

**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: BMOUSE PRODUCTIONS, LLC

2. The Florida document/registration number assigned to this limited liability company is:
1.17000228463

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/07/2020

4. I, RAFAEL ARAUJO DE ALMEIDA, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER

(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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