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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 1965 BP+. (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:			
and Garciga Sosa. (Contact Person)			
1985 BPT. (Firm/Company)			
3668 Sw 2nd Streat	TALL A	2019 JAI	7
(City/State and Zip Code)	TONION OF STATE	2819 JAN -3 PM 4:3	
For further information concerning this matter, please call:	S LALBA	₩ 31	, san
(Name of Contact Person) at (407.) 591 3849. (Area Code & Daytime Telephone Numb	ber)		
Enclosed please find a check made payable to the Florida Department of State for:			

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

图 \$25 Filing Fee

MAILING ADDRESS:

□ \$55 Filing Fee & Certified Copy

Registration Section Division of Corporations 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 as it appears on the records of the Florida Department
of State is:1	985 BPT
2. The Florida docu	iment/registration number assigned to this limited liability company is:
_ L1700	0261850
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $12/24/2018$.
4. 1. maritza (PAm N	Sosa War Luez., hereby withdraw/resign as a ame of Person Resigning)
1	Print Title)
of this limited liab resignation in wri	pility company and affirm the limited liability company has been ne知识 of my ting.
	ting.
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)