## 118000037432

equestor's Name)				
ddress)				
ddress)				
(City/State/Zip/Phone #)				
☐ WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certificates	s of Status			
Special Instructions to Filing Officer:				
	:			
	ddress)  ty/State/Zip/Phone WAIT  usiness Entity Nar  ocument Number)  Certificates			

Office Use Only



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O SIMMONS MAY 1 4 2018

## COVER LETTER

TO: Registration Section	v
Division of Corporations	
SUBJECT: B&G REMODELING LLC	
(Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning to	this matter to:
JACQUELINE SANDOVAL	
(Contact Person)	
JASASTSA BUSINESS SERVICES LLC	
(Firm/Company)	<del></del>
22095 US HWY 19	
(Address)	
CLEARWATER, FL 33765	
(City/State and Zip Code)	<del> </del>
For further information concerning this matter	er, please call:
J. SANDOVAL	727 645-2856
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to □ \$25 Filing Fee	the Florida Department of State for:  \$\square\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	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 COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it	t appears on the records of the	Florida Department
2. The Florida docu L1800003743	_	igned to this limited liability co	ompany is:
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/resign is:	04/28/2018
4. I, JORGE R. GUERRA  (Print Name of Person Resigning)			
MGRM	tame of terson hesigning)		
	(Print Title)		
of this limited lia resignation in wr		limited liability company has b	peen notified of my
, <	>		
Signature of Di	issociating Member or Resigni	ing Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		