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	(Requestor's Name)					
	(Address)					
-	(Address)					
	(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
	(Business Entity Name)					
	(D					
(Document Number)						
Certified Copies	Certificates of Status					
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SECRETARY OF STATE

D. BRUCE AUG 15 2020

COVER LETTER

Division of Corporations			
SURVICE BC PROPERTU	MANGEMENT LLC		
SUBJECT: BC PROPERTY (Name of Limite	rd Liability Company)	_	
The enclosed Articles of Dissolution and fee(s) are submitt	ed for filing.		
Please return all correspondence concerning this matter to t	the following:		
W:11.Am	Covitz ie of Person)		
(Nam	ne of Person)		
_ BC PROPERT	to MANAGEMENT		
/ (Fim	n#Company)		
22581 Islan	OD LAKES DR. Address)		
Estono F	C · 33928 te and Zip Code)		
(City/Stat	te and Zip Code)		
For further information concerning this matter, please call:			
(Name of Person)	at (239) 287 · 2793 (Area Code & Daytime Telephone Number)	_	
(Name of Felson)	(Area code de Paytine Telephone Aumoer)	~ 3	
Enclosed is a check for the following amount:	, MC	020	
525.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Fri Certified Copy (additional copy is enclosed)	2020 JUN 25	~ T
	<u>ે</u>	29	•
Mailing Address		AM IO: 49	1
Mailing Address: Registration Section	Street Address: Property Registration Section	호	£.
Division of Corporations	Division of Corporations	in Co	
P.O. Box 6327	The Centre of Tallahassee	_	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited l	iability company is					
BCPR		MANGE!	nont La	- 6		
2. The Articles of Organiz		•				
document number	180001460	181				
3. The delayed effective d (eff Note: 1) the date inserte listed as the document's	a in this block does not	meet the applicable	statutory ming requi	nent is received for tiling rements, this date will	LO) not be	
4. A description of occurr 605.0707, Florida Statu	ence that resulted in t tes, (copy 605.0707 o	the limited liability on back cover lette	r company's dissolu r).	tion pursuant to sect	ion	
	KD Duc					
			, ,		_	
-		·				
	,-				-	
5. If there are no members	s, enter the name and	address of the per	son appointed to wi	nd up the company's	702	
activities and affairs:					בונים הנונים	534.7
				<u> </u>	129)
				(0 C)	AN I	ig l Parasi Salan
	<u> </u>				AM 10: 1,9	
6. Signature of an authori above to wind up the com	zed person or if there pany's activities and a	are no members, taffairs:	the signature of the	person appointed and		
	_	<i>t.</i>	2/// / /	+		
Signatu	re	$ \frac{\alpha}{\alpha}$	O. Man Co Printed Nar	ne Or CO	-	

FILING FEE: \$25.00