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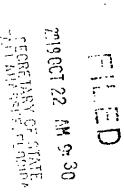
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COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: B&H Pro Solutions, LLC		
(Name of Lin	nited Liability Co	mpany)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
Rachel M. Richards		
(Contact Person)		_
Gruber and Associates, P.A.		
(Firm/Company)		_
2400 E Commercial Boulevard Suite 1		
(Address)		
Fort Lauderdale, FL 33308		
(City/State and Zip Code)		_
For further information concerning this matter	ter, please call:	
Rachel Richards	954 at (522-2222
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, 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)

DŶL	limited liability company as it. I Pro Solutions, LLC	it appears on the records of the Florid	a Department
2. The Florida doc L1800016225	C	signed to this limited liability compan	ny is:
3. The date this me 4. I. Hunter Shaw (Print N	ember/manager withdrew/resign (Jame of Person Resigning)	gned or will withdraw/resign is: 01/0	1/19 - 1/10 - 1/2 -
of this limited lia resignation in wr	- · · · · · · · · · · · · · · · · · · ·	e limited liability company has been n	otified of my
	Shace issociating Member or Resign	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		