## L19000042143

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		
SUBJ	Bayshore Interchange, LLC		
		nited Liability Cor	npany)
The e	nclosed member, resignation or dissoc	ciation and fee(s	s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to:	
Wendi	Ceuva		
	(Contact Person)	·	_
Bolanc	os Truxton PA		
	(Firm/Company)		_
12800	University Drive, Suite 350		
	(Address)		<del></del>
Fort M	lyers, FL 33907		
	(City/State and Zip Code)	· · · · · ·	_
For fu	orther information concerning this mat	ter, please call:	
Wendi	Cueva	239 at (	437-5421
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclo	sed please find a check made payable	to the Florida E	Department of State for:
<b>=</b> \$2	5 Filing Fee	S55 Filing	g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations P.O. Box 6327		Division of Corporations
	Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	1 analiassee, 1 1, 323 14		Tallahassee, FL 32303



## 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)

I. The name of the limited liability comof State is:	pany as it appears on the records of the Florida Department GE, LLC
2. The Florida document/registration nu L19000042143	umber assigned to this limited liability company is:
3. The date this member/manager without	lrew/resigned or will withdraw/resign is: 6/17/24
Michael Zak	, hereby withdraw/resign as a
(Print Name of Person Resigning	$\overline{v}$
Manager	
(Print Title)	·
of this limited liability company and a resignation in writing.	ffirm the limited liability company has been notified of my
Michael (m	2ll
Signature of Dissociating Member of	or Resigning Manager
( ( /	
Filing Fee: \$25.00 (Required	
Certified Copy: \$30.00 (Optional	)