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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BALGONCH JOU LLC (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:
Cas ma Cavan (Contact Person)
HUM + BIANCO CPA (Firm/Company) RAVAN + BLANCO B360 W. Flagle Street, Suite 200 MILAMI, FL 33144
8360 W. Alacor Street #200
Momi Vl 33 Jy (City/State and Zip Code)
For further information concerning this matter, please call:
Rani Grepler at (702) 913ff]. (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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)

	limited liability company as it appears on the records of	f the Florida Department
of State is:	salloons 4 you, 'ZLC	-
2. The Florida doci	ument/registration number assigned to this limited liabi	lity company is:
1190	000100704	/ /
3. The date this me	ember/manager withdrew/resigned or will withdraw/resigned	gn is: $0/\sqrt{0/\sqrt{a^2}}$
4. I, <u>Kan</u>	Jame of Person Resigning), hereby withdraw/res	ign as a
AMBR	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability company iting.	has been notified of my
22	L	2020 ; ;
Signature of Di	issociating Member or Resigning Manager	. 12
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	9: 3