

LA 000 1017 23

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

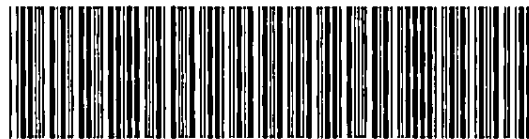
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400352192254

10/02/20--01011--003 \*\*25.00

R. WHITE  
NOV 10 2020

1  
-2  
FRI  
11

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BMC INTERNATIONAL REALTY 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:

BARBARA LOGORZ

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

8016 PLAZA DR

\_\_\_\_\_  
(Address)

TAMPA, FL 33615

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY LOGORZ                      33615                      813-369-9840  
\_\_\_\_\_  
(Name of Contact Person)                      at (\_\_\_\_\_)                      (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



2020 -2 PM 4:11

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BMC INTERNATIONAL REALTY LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000101723

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/29/2020

4. I, ANTHONY E LOGORZ, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
DIRECTOR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)