

L19000141342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

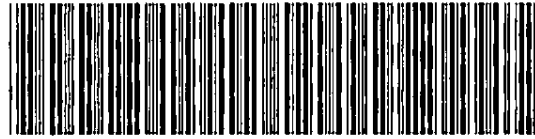
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000361634590

08/22/21--01001--026 \*\*55.00

FILED  
2021 JUN 14 PM 3:00  
TOLSON, J. EDGAR

CC  
Resignation

JUN 23 2021

I ALBRITTON



RECEIVED

2021 JUN 14 PM 2:56

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

850-487-1111  
TALLAHASSEE, FL 32314

May 27, 2021

TERESITA F. MIYARES  
130 MADEIRA AVENUE  
CORAL GABLES, FL 33134

SUBJECT: BT 10- PH 05, LLC  
Ref. Number: L19000141342

We have received your document for BT 10- PH 05, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the date of resignation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 221A00011598

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BT 10- PH 05, 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:

TERESITA F. MIYARES

(Contact Person)

MIYARES GROUP, LLC

(Firm/Company)

130 MADEIRA AVENUE

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

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

CR2E079 (2/14)

**Street Address:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2021 JUN 14 PM 3:00  
TALLAHASSEE, FL

**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: BT 10- PH 05, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000141342

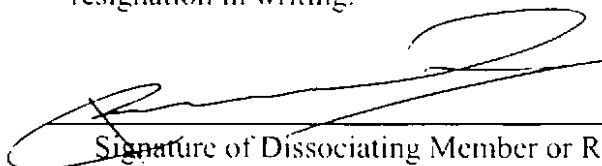
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/31/2021

4. I, RICARDO OLIVO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER

*(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)